

**INSURANCE APPLICATION
COMMERCIAL AUTO
GENERAL LIABILITY SUPPLEMENT**

New England Excess Exchange, Ltd.
P O Box 219 ~ Montpelier VT 05046
800-548-4301 ~ Fax: 800-347-4935
Web Site: www.neee.com

This application must be attached to the Commercial Auto Application.

Insured Name _____ Policy Term: From _____ TO _____

PRIOR CARRIER AND LOSS INFORMATION

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If yes, give name of company, date, and reason. _____
(Missouri applicants are not required to answer this question) _____

Have there been any General Liability losses in the last 3 years?

No Yes - If yes, list all losses in past 3 years, including date, amount and description of loss.

Date	Amount	Description of Loss (Use separate sheet if necessary)

LIMITS

General Aggregate \$ _____ Each Occurrence \$ _____
Products-Completed
Operations Aggregate _____ Fire Damage (any one fire) \$ 100,000
Personal & Advertising Injury" \$ _____ Medical Expense (any one person) \$ 5,000
**These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit.

EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in MT, ND, OH, WA, WV and WY only)

No Yes **Limits:** \$ _____ Bodily Injury by Accident each Accident
_____ Bodily Injury by Disease each Employee
\$ _____ Bodily Injury by Disease per **Policy**

EMPLOYEE AND PAYROLL INFORMATION

	Total Number	Payroll
*Executive officers		
*Individual insureds and co-partners		
Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll excluding clerical, inside sales, and drivers (unless categorized above)		
TOTAL Actual payroll based on payroll developed in State of domicile		

*Use Northland filed annual individual payroll for Executive officers and individual insureds or co-partners.

UNDERWRITING INFORMATION

Fully describe the insured's operations: _____

Does the insured have any operations other than trucking, such as:

	YES	NO
1. Storage of goods of others (warehousing)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Repair of vehicles or goods of others?	<input type="checkbox"/>	<input type="checkbox"/>
3. Storage of vehicles of others?	<input type="checkbox"/>	<input type="checkbox"/>
4. Space leased to others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sale of fuel or other products?	<input type="checkbox"/>	<input type="checkbox"/>
6. Freight forwarding, consolidation, or brokering?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the insured generate income from other activities besides the operation of the trucks?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all YES answers. _____

