

**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 <b>excluding</b> 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_