

- COVERAGE** Truckers GL (Class Code: 99793)
 Freight Forwarders & Truck Brokers (Class Code: 61224)
 Appliances & Accessories Installation, Servicing or Repair (Class Code: 91155)

Name of Applicant: _____ Effective Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Premises Address: _____ City: _____ State: _____ Zip: _____

DOT #: _____ Years in Business: _____

Name of Owner: _____ DOB: _____ Gender*: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Is the owner also a driver? Yes No

**Gender is required for our National Driver's Association Driver Program*

1. Please give details of commodities hauled: _____

2. Has your General Liability insurance been cancelled or non-renewed, for any reason, in the past 3 years? Yes No

DATE	INSURANCE CARRIER	REASON FOR NOTICE OF CANCEL / NON-RENEWAL

2. Please provide driver details. Current MVRs are required for all drivers, including the owner.

FIRST LAST NAME	DOB	GENDER*	LICENSE #	STATE	YOE**
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

**Gender is required for our National Driver's Association Driver Program*

***YOE – Years of Commercial Driving Experience*

3. Please provide any violations / accidents within the last 3 years.

FIRST LAST NAME	DATE	VIOLATION / ACCIDENT DETAILS

4. In respect to GL 99793 and GL 91155, please give vehicle details.

Number of vehicles to be covered: _____ (More than 25 vehicles will require submission to Underwriters.)

YEAR	MAKE	TYPE	GVW	VIN

5. In respect to GL 61224, please give premises details.

Number of locations to be covered: _____

Total square footage of all locations: 0 - 5,000 sq. ft. 5,001 - 10,000 sq. ft. 10,000 + sq. ft.

LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4	LOCATION 5	LOCATION 6
sq. ft.					

6. Please provide details for any additional interests.

TYPE	NAME	ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> AI <input type="checkbox"/> WOS					
<input type="checkbox"/> AI <input type="checkbox"/> WOS					
<input type="checkbox"/> AI <input type="checkbox"/> WOS					
<input type="checkbox"/> AI <input type="checkbox"/> WOS					
<input type="checkbox"/> AI <input type="checkbox"/> WOS					
<input type="checkbox"/> AI <input type="checkbox"/> WOS					

7. Do you require Blanket AI or Blanket WOS? Blanket AI Blanket WOS

Blanket AI / WOS is available when required by written contract only. Each contract must be on file and available for review if requested by Transportation Insurors and / or agent.

8. Please provide prior carrier information.

CARRIER	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	PREMIUM
				\$
				\$
				\$

9. Please provide loss experience, whether insured or not, for the past 3 years.

YEAR	PAID	OUTSTANDING	DETAILS
	\$	\$	
	\$	\$	
	\$	\$	

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: _____ DATE: _____

BROKER INFORMATION

Agent's Signature: _____ Date: _____

Agency: _____ Agency Contact: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (“TRIA”), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for “acts of terrorism” shall expire at 12:00 midnight December 31, 2027, to the date on which the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

- I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD _____

- I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant’s Signature

Syndicate on behalf
of certain underwriters at Lloyd’s

Print Name

Policy Number

Date