

Ashland General Agency, Inc.
TRUCKERS / WAREHOUSE SUPPLEMENTAL

(Complete in addition to the Acord General Liability Application)
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Number of years experience: _____ Number of years in business: _____
2. Are you a: Common Carrier Contract Carrier Independent Carrier
 If contract, who do you haul for? _____
3. Age of drivers: Minimum _____ Maximum _____
4. Are motor vehicle records checked prior to hiring drivers?..... yes no
5. Number of vehicles : Owned _____ Not owned, operating on your behalf _____
6. Number of double trailers? _____
7. Is there an established equipment maintenance program?..... yes no
8. Is there a formal safety program in place?..... yes no
9. Radius of operation in miles: _____
10. States in which you operate: _____
11. Any oversize/wide-load permits required?..... yes no
 If yes, please explain: _____
12. Do you have an ICC or PUC filing outstanding?..... yes no
13. Can applicant provide evidence of insurance for cargo and auto coverage? yes no
14. Commodities hauled:

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Gasoline	<input type="checkbox"/> LPG	<input type="checkbox"/> Timber/Logs
<input type="checkbox"/> Explosives	<input type="checkbox"/> Heavy/Oversized Loads	<input type="checkbox"/> Medical Waste	<input type="checkbox"/> Tires
<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Household Furniture	<input type="checkbox"/> Mobile Homes / Homes	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Garbage / Rubbish	<input type="checkbox"/> Liquor	<input type="checkbox"/> Steel / Coal	<input type="checkbox"/> Toxic / Hazardous Waste
<input type="checkbox"/> Other (describe): _____			
15. Other Operations:
 - Own or operate a landfill?..... yes no
 - Crane or towing services?..... yes no
 - Is a forklift or similar equipment piggybacked for loading and unloading?..... yes no
 - Own or operate an underground fuel tank?..... yes no
 - Use aircraft?..... yes no
 - Product assembly or installation?..... yes no
 - If yes, describe: _____
 - Warehousing?..... yes no
 - If yes: Location: _____ Area: _____ sq. ft.
 - Are there security systems for the warehouses?..... yes no
 - Are security guards provided?..... yes no
 - If yes, are they armed?..... yes no
16. Do you subcontract any operations?..... yes no
 If yes: Describe operations subcontracted: _____
 Annual Cost of Subcontracting? _____
 Is evidence of insurance obtained?..... yes no
 Are you included as an additional insured?..... yes no

17. Information for:

xxxxxxxxxxxxxxxxxx	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Policy Dates		

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

 Applicant's Signature Print Signee Date Producer's Signature