



**TRUCKERS GL PRODUCT APPLICATION**

Applicant Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Audit/Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Payroll (excluding trucker): \_\_\_\_\_

Annual Revenues: \_\_\_\_\_

**Description of Operations/Items Hauled:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Liability Limits:**

- \$300,000/\$300,000       \$300,000/\$600,000       \$500,000/\$500,000       \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000       \$1,000,000/\$2,000,000

**5 Year Loss History:**

NO PRIOR LOSSES

Date of Loss	Description	Status	Amount Paid	Current Reserve

**Additional Insureds:**

- Owners, Lessees or Contractors (BP 0450)
- Blanket Additional Insured- Owners, Lessees or Contractors (BOP475542) & UIIA Additional Insured (BOP47545)
- Waiver of Transfer of Rights of Recovery against Others to Use (BP 0497)
- Blanket- Waiver of Transfer of Rights of Recovery against Others to Use (BOP 47543)
- Primary and Non-Contributory-Owners or Lessors of Premises (BOP 43864)
- Blanket- Primary and Non-Contributory-Owners or Lessors of Premises (BOP 47544)
- Manager or Lessors of Premises (BP 0402)
- Vendors (BP 0447)
- Building Owners (BP 1231)
- Grantor of License (BOP 43852)

**General Eligibility:**

1. Are functioning and operational fire extinguishers readily available? Yes No
2. Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years?
  - a. If Yes, Details:\_\_\_\_\_ Yes No
3. Any past pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years? Yes No
4. Does the applicant own or operate any other business? Yes No
5. Does the applicant handle any infectious waste or hazardous material? Yes No
6. Does the applicant have any operations involving rigging work or the use of cranes? Yes No
7. Does applicant/named insured provide ambulance services? Yes No
8. Does applicant/named insured provide armored car services? Yes No
9. Does applicant/named insured transport people? Yes No
10. Does the applicant rent or loan equipment or tools to others (including vehicles)? Yes No
11. Does the applicant perform any operations other than for hire hauling and repair or maintenance of their own vehicles? Yes No
12. Does applicant have any appliance delivery or installation services? Yes No
13. Does the applicant perform any residential or commercial moving operations? Yes No
14. Does the applicant perform any hauling of mix-in-transit, hot mix, bulk sealant or bulk dry cement? Yes No
15. Does applicant have any ownership in any mines, quarries or pits? Yes No
16. Does applicant warehouse goods of others? Yes No
17. Other than to dealerships or auctions does applicant have any towing operations including flatbed towing? Yes No
18. Does the applicant provide any ice/snow treatment or removal services? Yes No
19. Does the applicant perform any street cleaning or debris removal operations? Yes No
20. Is applicant an ice cream or mobile food truck? Yes No
21. Is the applicant operating as a freight forwarder? Yes No