

STRATFORD INSURANCE COMPANY

WESTERN WORLD INSURANCE COMPANY

TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

A. GENERAL

Applicant's Name: _____
Address: _____
Other Premises owned or leased: _____

Proposed Effective Date: _____ Expiration Date: _____

B. GENERAL LIABILITY COVERAGES / LIMITS

Each Occurrence Limit \$ _____
General Aggregate Limit (Other than Products – Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Damage to Premises Rented to You (up to \$100,000 limit available) \$ _____ Any One (1) Premises
Medical Expense Limit (up to \$5,000 limit available) \$ _____ Any One (1) Person

C. PRIOR GENERAL LIABILITY INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE (3) YEARS

Year	Carrier / Policy / Premium	Number of Claims	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type ever been cancelled, refused, or nonrenewed by any company during the past three (3) years? (Question not applicable to Missouri based applicants.) Yes No

If so, please give name of company, date, and reason. _____

D. CERTIFICATE RECIPIENTS / ADDITIONAL INSURED

	Name and Address	Interest	Additional Insured
1.			
2.			
3.			

E. UNDERWRITING INFORMATION:

Do you:	Yes	No
1. Hire owner-operators or sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>
2. Transport garbage, refuse or waste?	<input type="checkbox"/>	<input type="checkbox"/>
3. Haul bulk liquids?	<input type="checkbox"/>	<input type="checkbox"/>
4. Store goods (warehousing)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Repair vehicles of others?	<input type="checkbox"/>	<input type="checkbox"/>
6. Store vehicles of others?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7. Lease space to others?	<input type="checkbox"/>	<input type="checkbox"/>
8. Sell fuel or other products?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have a freight forwarding or freight consolidation operation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Sponsor social or sporting events?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have any other non-trucking operation?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain all YES answers: _____		

F. GENERAL INFORMATION:

	Yes	No
Please explain all YES answers:		
1. Any operations sold, acquired, or discontinued in last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any storage or transportation of flammables or explosives?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any handling or transporting of chemicals or hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you participate in trade shows, exhibits or conventions?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide any recreation facilities or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a swimming pool or other water exposure on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any equipment permanently attached to any truck?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain all YES answers: _____		

G. AGREEMENTS AND SIGNATURES

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A CRIME.

Applicant's Signature _____ Producer's Signature _____

Date _____ Date _____