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Truckers/Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Agent: _____

Name of Applicant: _____

Web site Address: _____

1. **Are you a:** Common Contract Carrier

If contract, who do you haul for? _____

2. **Number of vehicles:** Owned: _____ Not owned, operating on your behalf: _____

Are the vehicles licensed? Yes No

3. **Is there an established equipment maintenance program?** Yes No

4. **Radius of operation (in miles):** _____

States in which you operate: _____

5. **Any oversize/overwide permits required?** Yes No

If yes, please explain: _____

6. **Do you have an ICC or a PUC filing outstanding?** Yes No

7. **Are you doing any of the following?**

Crane Services Courier: what do you deliver? _____

Emergency/non-emergency medical transportation House Moving Public Livery Truck Brokering

8. **Commodities hauled:**

- | | | |
|--------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Gasoline/Oil | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Coal | <input type="checkbox"/> Heavy/Oversized Loads | <input type="checkbox"/> Oil Field Equipment |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Household Furniture | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Flammable Materials | <input type="checkbox"/> Liquor | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Garbage/Rubbish (commercial) | <input type="checkbox"/> LPG | <input type="checkbox"/> Toxic/Hazardous Waste |
| <input type="checkbox"/> Garbage/Rubbish (residential) | <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Other (describe): _____ |

9. **Do you operate a warehouse?** Yes No

If yes, location: _____ Area: _____ sq. ft.

Do you store flammable or toxic substances? Yes No

Is this a cold storage warehouse? Yes No

Mini-warehouse? Yes No

10. Other operations:

Own or operate a landfill or dump? Yes No

Crane or towing service? Yes No

Own or operate an underground fuel tank? Yes No

Use aircraft? Yes No

Product assembly/installation? Yes No

If yes, describe: _____

Other (describe): _____

11. Do you subcontract any operations? Yes No

If yes, description of operations subcontracted: _____

Annual cost of subcontracting: \$ _____

Is evidence of insurance obtained? Yes No

Are you included as an additional insured? Yes No

Minimum limits subcontractors are required to carry: _____

12. Information for:	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

13. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____