



1417 N State Street, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

TRUCKERS GENERAL LIABILITY SUPPLEMENTAL

Date: _____

Insured: _____ Producer: _____

Physical Address: _____

If terminal location is other than physical address, please provide information below. If more than three terminals, please attach list.

Terminal Addresses :

Terminal 1: _____

Terminal 2: _____

Terminal 3: _____

1. Limits/Deductibles/Special Coverages

	<u>LIMIT/DEDUCTIBLES</u>		
Each Occurrence	\$ _____	Deductible \$ _____	<input type="checkbox"/> PD <input type="checkbox"/> BI <input type="checkbox"/> BI/PD
General Aggregate	\$ _____		
Products Aggregate	\$ _____		
Fire Damage	\$ _____		
Medical Payments	\$ _____		
Employee Benefits Liability	\$ _____		
Employer's Liability (Stop Gap)	\$ _____		
Other _____	\$ _____		

2. Exposure

<u>Description</u>	<u>Class Code</u>	<u>Exposure Basis</u>	<u>Exposure</u>
Building or Premises – LRO	61212	Area	_____
Dwellings – 1 Family – LRO	63010	Each	_____
Truckers	99793	Payroll (Mechanics)	_____
Vacant Land	49451	Acreage	_____
Warehouse – Private	68707	Area	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

3. Employees

What are the number of people employed by the insured in each of the following areas?

Truck Driver	_____	Mechanic/Maintenance	_____
Dispatch	_____	Office/Clerical	_____
Warehouseman	_____	Seasonal/Part-time	_____
Other _____	_____		



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4. Operations

1. What does the insured do? Please describe all operations: _____

2. Is the insured involved in any operations other than trucking? Yes No
If "Yes," please describe: _____
3. Has the insured entered into any written or verbal contracts that require a hold harmless, waiver of subrogation or primary/non-contributory wording? Yes No
If yes, please explain and attach a copy: _____
4. Does the insured operate from a fixed terminal location? Yes No
If no, please explain: _____
Does the insured have more than one terminal location? Yes No
If "Yes," please answer for all locations and attach a list of all additional locations including the full address and number of units garaged there on average.
 - A. Is the location fenced? Yes No
 - B. How large is the yard? _____
 - C. What percent is paved? _____%
 - D. What is the yard capacity? _____
 - E. What is the average number of trucks in the yard? _____
 - F. What are the adjacent exposures? _____
5. Does the insured have any on-site fuel storage or refueling facilities on premises? Yes No
If "Yes":
 - A. How many tanks? _____ B. When were they installed? _____
 - C. What are the tanks' capacities (gallons)? _____
 - D. Are the tanks above or below ground? Above Below
If below ground, does the insured have UST (Underground Storage Tank) coverage? Yes No
If "Yes," please list carrier and limits: _____
 - E. How are the tanks/pumps protected from vehicular collision? _____
 - F. How are waste oils, lubricants or other hazardous compounds stored or disposed of? _____
6. Does the insured provide any auto or equipment repair or services for others? Yes No
If "Yes":
 - A. Please attach the Acord Garagekeepers application.
 - B. For whom are they doing repairs? _____
 - C. Are they doing any major repairs? Yes No If "Yes," please describe: _____
 - D. What are their receipts for this portion of their operation? \$ _____
7. Does the insured do their own auto or equipment repairs? Yes No
If "Yes," please describe: _____



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8. Does the insured operate a private or public warehousing facility? Yes No

If "Yes":

A. What types of goods do they store? _____

B. Do they store any explosive or hazardous commodities? Yes No

If "Yes," please list commodities: _____

C. What percentage of the goods stored turn over daily _____% weekly _____% monthly _____%

D. Is coverage in place for bailee's exposure? Yes No

9. Have there been any significant changes in the insured's operations in the past five years? Yes No

If "Yes," please explain: _____

10. Have there been any changes in the ownership, legal name, license or tax status in the past five years? Yes No

If "Yes," please explain: _____



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5. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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 felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____