

OMNIRISK Insurance Brokers

Truckers Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

DETAILS OF OPERATIONS

- Do you provide any of the following services? (Check all that apply):
 - Crane Services
 - Medical Transport/Waste
 - Truck Brokering or Freight Forwarding
 - House or Mobile Home Moving
 - Pilot Car
 - Warehousing
 - Other: _____
- Commodities hauled by you or any subcontractor: (Check all that apply)
 - Garbage/Rubbish
 - Liquor/Tobacco
 - Seafood/Meat/Perishables
 - Heavy/Oversized Loads that require special permits
 - LPG/Gasoline Oil
 - Timber/Logs
 - Household Furniture
 - Livestock
 - Tires
 - Hydraulic Fracturing
 - Steel/Coal
 - Toxic/Hazardous Waste
 - (Hauling liquids to or from sites)
 - Other (Explain): _____

GENERAL INFORMATION

- Are you a : Common Contract Carrier
If Contract, who do you haul for? _____
- Are you part of a franchise or chain? Yes No
- Number of owners: _____
 - Total payroll of all terminal employees & garage or repair persons (not including owners): \$ _____
- Age of drivers: Minimum: _____ Maximum: _____
- Are motor vehicle records checked prior to hiring drivers? Yes No
- Number of vehicles: Owned: _____ Not owned, operating on your behalf: _____
- Number of double trailers: _____ Number of triple trailers: _____
- Is there an established equipment maintenance program? Yes No
- Do you have an ICC or PUC filing outstanding? Yes No
- Can applicant provide evidence of insurance for cargo and auto coverages? Yes No
- Are non-employees allowed to load or unload trucks? Yes No
- Do you subcontract any operations?
 - If **Yes**, describe operations subcontracted: _____
 - Annual cost of subcontracted work: \$ _____
 - Is evidence of primary commercial automobile liability coverage obtained? Yes No
 - Are you included as Additional Insured? Yes No
 - Minimum commercial automobile limits subcontractors are required to carry? Yes No

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____