

**National Advantage
Insurance Services, Inc.**

Tel: (714) 5051015
Fax: (714) 505-1025
CA License No. 0821992

Truckers General Liability Application (10/17)

Quote NEW RENEWAL of Certificate/Policy No. _____

DOT#: _____ MC# or DMV/CA# _____ Website _____

1. **Name of Applicant:** _____
2. **DBA:** _____ 3. Individual, Partnership, Corporation
4. **Desired Effective Date:** From _____ To _____ 5. **Number of years in this business** _____
6. **Mailing address:** _____
7. **Location Address** (Please submit a Schedule of Locations, if more than one.) _____

8. **Liability Limits:** \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

9. **Is Terrorism Risk, per Act desired?** No Yes Please submit LMA9104 form with application when requesting binding.

10. **Description of Operations** _____

11. **Commodities Hauled:** _____

12. **Number of Units** _____ Payroll of Terminal Employees (Excluding driver payroll) _____

Owned _____

Leased _____

Owner Operated _____

13. Listed Units

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

14. **Prohibited Types of Risks:** Circus, Carnival or Amusement operators; Crane operations; Doubles or triples; Escorted loads; Flammables/ Chemical Haulers/ Garbage, refuse or scrap-metal and the like; Freight forwarders; Household Goods Movers, residential delivery, Installation, Service and/or Repair of Appliances and/or Equipment; Livestock Operations; Instructional/driver training operations; Mobile Concessionaires; Mobile Home haulers; Oilfield well head maintenance; Over- weight/Over-size operations or those requiring a spotter; Public bus, School bus, Livery; Rentals, Leasing or drive-away operations; Snow Removal operations; Street cleaners/water sprayers; Taxicabs/Limos; Tow Operations, Ready Mix Operations; Sand & gravel, Autos, Taxicab Company; Trailers with more than three axles; Truck Brokers.?

15. **Is Automobile Liability carried on all of the vehicles?** No Yes **Carrier** _____

16. **Has prior coverage been cancelled or non-renewed?** No Yes If yes, reason: _____

17. **Do they operate as a Freight Forwarder or Truck Broker?** No Yes

18. **Maximum Radius Of Operation** _____

19. **Do they operate outside the USA?** No Yes

20. **Is applicant a subsidiary of another entity?** No Yes

21. **Does applicant have any subsidiaries?** No Yes

22. **Is there a Storage Warehouse to be covered?** No Yes If yes, please submit on full ACORD Application.

23. **Has your business location ever incurred any fire or safety code violations?** No Yes

(if yes, please provide details) _____

24. **Are there any animals on, or patrolling your business location?** No Yes

(if yes, please provide details) _____

PLEASE NOTE: There is an Animal Exclusion on this policy.

**National Advantage
Insurance Services, Inc.**

Tel: (714) 5051015
Fax: (714) 505-1025
CA License No. 0821992

Truckers General Liability Application (10/17)

25. Do you employ security guards? No Yes If yes, are they armed? No Yes (please provide details)

PLEASE NOTE: A Firearm Exclusion and Assault Battery Exclusion may apply.

26. Do you have any fuel storage and/or underground tanks at your business location? No Yes
(If yes, please provide details regarding the type of fuels stored.
Attach a certificate of insurance confirming Environmental Impairment Coverage)

PLEASE NOTE: There is a Total Pollution Exclusion on this policy.

27. Is the location fenced in and lit? No Yes (Please provide details)

28. Is the location secured when not in use? No Yes

29. Do they deliver Furniture? No Yes

30. Do they deliver, install, or set up any Home Appliances? No Yes if yes please explain _____

31. Number of Additional Insured's to be named _____

Do they Haul for the any of the ports No Yes Port of Long Beach or/and Port OF Los Angeles or/and UIIA

32. Additional Insured(s)

Name	Address

31. Year	Prior General Liability Carriers	&	Loss Experience, last three years, with description of Claim:

Premium \$ _____ Taxes \$ _____ Fully Earned NAIS Broker Fee \$ _____ Total \$ _____

25% of the Premium and Taxes plus 100% of the Broker Fee is Fully Earned. There are No Flat Cancellations.

Financed with? _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form will be the basis of the contract, and that any change in the pattern of my/our business or business practices shall be advised to the Company which may at its discretion, alter the terms and conditions of the contract.

Applicant Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Broker Name & Address: _____