



PO Box 949, Troy, OH 45373
 (800) 648-0357 Fax: (877) 311-6887
 www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone _____ Fax _____

Truckers General Liability Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Mailing Address _____ City _____ State _____ Zip _____
 Location Address _____ City _____ State _____ Zip _____
 Email Address _____ Web Address _____ Phone _____
 Inspection Contact _____ Phone _____
 Entity Type: Sole Proprietorship Partnership Corporation Other, Describe: _____
 Nature of business / Description of operations: _____

Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture

Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

Is the applicant a subsidiary of another entity? Yes No
 Does the applicant have any subsidiaries? Yes No
 Is a formal safety program in operation? Yes No
 Any exposure to flammables, explosives or chemicals? Yes No

Has any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No (n/a in MO)
 If yes, please explain: _____

Loss Information Check here if None

For this business or any previously owned business or entity, enter all claims or losses (regardless of fault, and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. Attach an additional sheet if more space is needed.

Date of Loss	Date of Claim	Line	Description	Paid	Reserved	Status
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed

Previous Insurer Information Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period	Insurer	Limits	Premium

Operations Information

Total number of trucks: _____ Number of Tanker Trucks: _____ Gross receipts: \$ _____ Radius (miles): _____

Commodities Hauled:

- | | | | | | |
|----------------------|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| Chemicals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Toxic/Hazardous Waste? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical Waste? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flammable Materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liquor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gasoline / Oil? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Garbage/Rubbish? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LPG? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tires? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Household Goods/Furniture? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobile Homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heavy/Oversized Loads? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Autos? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe any Other Commodities _____

Are any trucks placarded? Yes No

yes - explain: _____

Do you have a warehouse? Yes No

Do you own / operate a landfill or dump? Yes No

Are trailers ever left unattended? Yes No yes - explain how trailers protected from loss: _____

Are any oversize/over-weight permits required? Yes No

yes - explain: _____

Do you ever utilize pilot or escort vehicles? Yes No

Does the applicant perform service work and repairs on owned vehicles? Yes No

Does the applicant perform service work and repairs for others? Yes No If yes, who? _____

Does the applicant rent parking space to others? Yes No If yes, total sq. ft.: _____ # of spaces: _____

Does the applicant lease operators? Yes No If yes, # of leased operators: _____

Are they covered under the applicant's workers compensation coverage? Yes No

Explain contractual exposure, (including trucking contracts): _____

Auto liability limits carried: _____

Payroll

Number of owners: _____

Actual payroll of each of the following (excluding owners):

Dispatchers: _____

Garage persons or mechanics: _____

Warehouse employees: _____

All other (non-clerical): _____

Limits Requested

General Aggregate _____
Products & Compl Ops. Aggregate _____
Personal & Advertising Injury _____
Each Occurrence _____
Fire Damage (any one fire) _____
Medical Expense (any one person) _____
Employee Liability (Stop Gap) _____

Additional insured - name and address: _____

Additional insured - name and address: _____

Additional insured - name and address: _____

Additional insured - name and address: _____

Additional insured - name and address: _____

FRAUD NOTICE

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 is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia 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 is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE
The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____