DUAL COMMERCIAL LLC

TRUCKERS SUPPLEMENTAL – DUAL SELECT

|  |  |
| --- | --- |
| Applicant: | Phone: |
| Location Address: | Email Address: |
|  | Website: |

1. How long have you been in business?

Years of experience if new venture:

1. Number of Owners:

Employee Payroll(Other than office/clerical):

1. States in which you operate:

Radius of operation:       miles

1. Do your carry limits greater or equal to that of your general liability on your auto policy?  Yes  No

Carrier:       Limits of Liability:       Expiration Date:

1. Do you, your employees or your sub-contractors perform escort services for your trucks or trucks owned by others?   Yes  No
2. Do you haul oversized/wide loads requiring a permit?  Yes  No
3. Do you perform any appliance/product installation or assembly work?

Yes  No

1. Do you rent anything to anyone for any purpose?  Yes  No
2. Do you use subcontractors?  Yes  No

Annual cost: $

Operations subcontracted:

1. Do you require subcontractors to comply with all of the following prior to beginning work?

1. Proof that they carry general liability coverage with limits equal or greater than yours?  Yes  No

2. Name you as an additional insured?  Yes  No

3. Signed Hold harmless in your favor?  Yes  No

4. If required by law, the sub carries WC coverage?  Yes  No

1. Commodities hauled:

Gravel/Mulch Chemicals

Household furniture Construction debris/waste

Gasoline/Oil Other:

1. Other Operations:
   1. Crane or Towing service?  Yes  No
   2. Own or operate an underground fuel tank?  Yes  No
   3. Own or operate a landfill?  Yes  No
   4. Other:
   5. Warehousing?  Yes  No

* Address:
* Area:      sq. ft.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Producer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_