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: \_\_\_\_\_\_\_\_\_\_\_\_\_