

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Truckers/Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. **Are you a:** Common Contract Carrier

If contract, who do you haul for? _____

2. **Number of vehicles:** Owned: _____ Not owned, operating on your behalf: _____

3. **Is there an established equipment maintenance program?**..... Yes No

4. **Radius of operation (in miles):** _____

States in which you operate: _____

5. **Any oversize/overwide permits required?**..... Yes No

If yes, please explain: _____

6. **Do you have an ICC or a PUC filing outstanding?** Yes No

7. **Commodities hauled:**

- | | | |
|--|--|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Explosives | <input type="checkbox"/> Flammable Materials |
| <input type="checkbox"/> Gasoline/Oil | <input type="checkbox"/> LPG | <input type="checkbox"/> Medical Waste |
| <input type="checkbox"/> Toxic/Hazardous Waste | <input type="checkbox"/> Tires | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Household Furniture | <input type="checkbox"/> Heavy/Oversized Loads |
| <input type="checkbox"/> Garbage/Rubbish | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Other (describe): _____ |

8. **Other operations:**

Own or operate a landfill? Yes No

Crane or towing service? Yes No

Own or operate an underground fuel tank? Yes No

Use aircraft? Yes No

Product assembly/installation?..... Yes No

If yes, describe: _____

Warehousing? Yes No

If yes, Location: _____ Area: _____ sq. ft.

Other (describe): _____

9. **Do you subcontract any operations?** Yes No

If yes, description of operations subcontracted: _____

Annual cost of subcontracting: \$ _____

Is evidence of insurance obtained? Yes No

Are you included as an additional insured? Yes No

10.	Information for:	Auto Liability	Motor Truck Cargo
	Policy Number		
	Insurance Carrier		
	Limits of Liability		
	Expiration Date		

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____