



**Evanston Insurance Company
 Markel American Insurance Company
 Markel Insurance Company**

TRUCKERS/WAREHOUSE SUPPLEMENTAL APPLICATION

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Are you a: Common Contract Carrier
 If contract, who do you haul for? _____

2. Age of drivers: Minimum _____ Maximum _____

3. Are motor vehicle records checked prior to hiring drivers? Yes No

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

5. Number of double trailers? _____

6. Is there an established equipment maintenance program? Yes No

7. Is there a formal safety program in place? Yes No

8. Radius of operation (in miles): _____

9. States in which you operate: _____

10. Any oversize/overwide permits required? Yes No

If yes, please explain: _____

11. Do you have an ICC or PUC filing outstanding? Yes No

12. Can applicant provide evidence of insurance for cargo and auto coverages? Yes No

13. Commodities hauled:

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

14. 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, please describe: _____
- Warehousing? Yes No
- If yes, location: _____ Area: _____ sq. ft.
- Other (describe): _____

15. Do you subcontract any operations? Yes No
- If yes, description of operations subcontracted: _____

16. Annual cost of subcontracting: \$ _____

17. Is evidence of insurance obtained? Yes No
18. Are you included as an additional insured? Yes No
19. Are there security systems for the warehouses? Yes No
20. Are security guards provided? Yes No
- If yes, are they armed? Yes No

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

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

Producer's Signature

Date

(Applicable in the state of Florida only.)

Agent Name

Agent License Number