

**COMMERCIAL AUTO
GENERAL LIABILITY APPLICATION**

Proposed Effective Dates: FROM:

TO:

Name _____

LOCATION OF PREMISE

Location	Address	Classification*		
1	Number of Power Units at this Location: _____	<input type="checkbox"/> Truckers	<input type="checkbox"/> Warehouses	<input type="checkbox"/> Auto Repair & Service
2	Number of Power Units at this Location: _____	<input type="checkbox"/> Truckers	<input type="checkbox"/> Warehouses	<input type="checkbox"/> Auto Repair & Service
3	Number of Power Units at this Location: _____	<input type="checkbox"/> Truckers	<input type="checkbox"/> Warehouses	<input type="checkbox"/> Auto Repair & Service

Are you a: Common Carrier Contract Carrier Radius of operation (in miles): _____ States in which you operate: _____

INSURANCE HISTORY AND LOSS EXPERIENCE

- Has insurance company canceled or nonrenewed your policy in the last 3 years? **(Missouri Applicants - Do not answer this question.)** Yes No If yes, explain: _____
- Prior years insurance under business name: _____
- Have there been any General Liability losses in the last 3 years? Yes No If yes, indicate losses below:

Effective Dates From - To	Prior Carrier Name	Policy Number	# Losses	Loss Amount	Description of Loss

UNDERWRITING INFORMATION

- Fully describe the insured's operation. _____
- Do you have any operations other than trucking, such as:

	Yes	No		Yes	No
a. Storage of goods of others (warehousing)	<input type="checkbox"/>	<input type="checkbox"/>	f. Freight forwarding, consolidation, or brokering	<input type="checkbox"/>	<input type="checkbox"/>
b. Repair of vehicles or goods of others	<input type="checkbox"/>	<input type="checkbox"/>	g. Any sporting or social events sponsored	<input type="checkbox"/>	<input type="checkbox"/>
c. Storage of vehicles of others	<input type="checkbox"/>	<input type="checkbox"/>	h. Farming operations	<input type="checkbox"/>	<input type="checkbox"/>
d. Space leased to others	<input type="checkbox"/>	<input type="checkbox"/>	i. Any other business activities located at same premises	<input type="checkbox"/>	<input type="checkbox"/>
e. Sale of fuel or other products	<input type="checkbox"/>	<input type="checkbox"/>	j. Towing - Owned or for Others	<input type="checkbox"/>	<input type="checkbox"/>
- Do you generate income from other activities besides the operation of the trucks? Yes No
- Do you sign any contracts requiring the insured to assume the liability of another party? Yes No
- Do you sign any contracts requiring other parties to assume liability? Yes No
- Do you use mobile equipment on or off premises such as forklifts, backhoes or hand trucks? Yes No
- Do you loan or rent any machinery, equipment or motor vehicles to others? Yes No
- Are any of your vehicles unlicensed or not covered under an auto policy? Yes No
- Are there independent contractors hauling on your behalf? Yes No
If yes, do they carry General Liability coverage with limits equal to those being requested? Yes No
- Identify type of fire protection (functioning and properly maintained):
 Sprinkler System Smoke Detectors Fire Extinguishers
 Other - Describe: _____
- If you perform services on air conditioning/refrigeration units, do mechanics hold required certification where required by law? Yes No
- Identify type of security protection, if any:
 Fenced Security Cameras Guard Dogs Security Guards/Service
 Other - Describe: _____

13. Are parking facilities and common areas free from defects and adequately lighted? Yes No
14. Are visitors allowed on the premises? Yes No
- Visitors on a daily basis: Average _____ Maximum _____
- Explain all YES answers: _____

Complete the following questions ONLY if selecting Warehouses NOC Class

15. Number of years operating a Warehouse operation _____
16. Indicate type of goods stored:
- | | | | |
|---|--|-----|-----|
| <input type="checkbox"/> Cold/Refrigerated Products - what percent is cold storage? _____ % | | | |
| <input type="checkbox"/> Containerized Freight | <input type="checkbox"/> Public (pay charges to store) | | |
| <input type="checkbox"/> Private (storing own goods) | <input type="checkbox"/> Bonded (imported goods) | | |
| <input type="checkbox"/> Other - describe: _____ | | N/A | Yes |
17. Does the warehouse have sales or sell merchandise to the public? Yes No
18. Is the warehouse locked after hours? Yes No
19. Are goods delivered after hours to warehouse? Yes No
20. Do you have procedures in place to assure proper warehousing of refrigerated goods? N/A Yes No
21. Do you have any railroad sidetrack agreements? Yes No

Complete the following questions ONLY if selecting Auto Repair & Services Shop Class

22. Number of years operating garage/repair shop: _____
23. Revenue generated from performing service of vehicles other than company owned:
- | | | |
|-------------------------------|----------------------|----------------------|
| Location 1: \$ _____ | Location 2: \$ _____ | Location 3: \$ _____ |
| # Units Served Annually _____ | _____ | _____ |
24. Indicate percentage of work on the following:
- | | | |
|---------------------------|-----------------------------------|--------------------------------|
| Truck Tractors _____ % | Tank Trailers _____ % | Farm Equipment _____ % |
| Semi-Trailers _____ % | Boom Trucks/Bucket Trucks _____ % | Construction Equipment _____ % |
| Refrigerated Vans _____ % | Service or Tow Trucks _____ % | Other _____ % |
25. Indicate percentage of work performed off premises: _____ %
26. Hours of operation for repair/service operation _____ Number of days _____
27. Is the repair/service facility locked after hours? Yes No
28. Indicate percentage of work that is:
- | | | |
|------------------------------------|---|------------------------------------|
| Body & Paint _____ % | Lube & Oil _____ % | Frame _____ % |
| Brakes _____ % | Power Train _____ % | Suspension _____ % |
| Engine Overhaul _____ % | Radiator _____ % | Tank Cleaning _____ % |
| Fabrication, Rebuild, Weld _____ % | Refrigeration Unit _____ % | Tire Repair or Replacement _____ % |
| FMCSA Safety Inspection _____ % | Repair Tank Trailers (external) _____ % | Tune Up _____ % |
| Hydraulics _____ % | Subcontracted out to others _____ % | Wash & Detail _____ % |
| 5th Wheel _____ % | Hitches _____ % | Tire Recapping _____ % |
29. Are the mechanics ASE certified? Yes No
If no, number of years of training and experience you require: _____
30. If employees drive extra-heavy trucks, truck tractors and semi-trailers away from the garage premises on public roadways, do they have the required Commercial Driver's License (CDL)? Yes No
31. If you complete FMCSA annual vehicle inspections:
- | | |
|---|--|
| a. Does the inspector understand the FMCSA inspection criteria? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Has inspector mastered the methods, procedures, tools and equipment when performing an inspection? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Has inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Does inspector have at least one year of training and/or experience consisting of: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- (1) Participation in a manufacturing sponsored training program; or
- (2) Experience as a mechanic or inspector:
- In a motor carrier maintenance program; or
 - In a commercial garage; or
 - For a State or Federal government

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| 32. Are any vehicles held for sale at any of the locations? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 33. Do you sell new tires? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 34. Do you sell used tires? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 35. Do you recap tires? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 36. Do you have a parts store? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 37. Do you operate a salvage yard? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 38. Number of service bays _____ | | | | | |
| 39. Do you have hoists/lifts? | <input type="checkbox"/> | <input type="checkbox"/> | | Yes | No |
| 40. Is customer's vehicle stored overnight in an enclosed or locked location? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are keys stored in a secure location where access is restricted to authorized personnel only? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are customers allowed in service areas? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are they escorted? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are signs posted to warn customers that shop is not responsible for any items left inside their vehicles? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Do you loan or lease vehicles to customers while their autos are being serviced? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how often? _____ | | | | | |
| 45. Do you repossess autos? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, do you contract it out? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Is any part of your operation a self-service auto repair shop? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Do you have any unused underground storage tanks? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Are gas pumps available to the public? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Do you sub-contract repair work to others? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, do you secure certificates of insurance? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Are any guarantees or warranties offered on parts or labor for jobs performed? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Indicate steps in place to ensure that proper repairs are made and the vehicle is safe to return to the road: | | | | | |
| <input type="checkbox"/> Post Service Checklist | | | | | |
| <input type="checkbox"/> Service Manager Review | | | | | |
| <input type="checkbox"/> Test Drive | | | | | |
| <input type="checkbox"/> Customer Pre-Approval of Repairs | | | | | |
| 52. How are used tires, automotive fluids, batteries, motor oil, and soiled uniforms and rags disposed of? | | | _____ | | |
| 53. How are solvents and flammables stored and properly disposed of? | | | _____ | | |
| 54. What hazardous materials are stored on premises? _____ | | | _____ | | |
| 55. Do you work on vehicles that have been involved in accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, what precautions are taken to protect workers from exposure to bloodborne pathogens? | | | _____ | | |
| 56. Indicate parts, equipment, and accessories you fabricate: _____ | | | _____ | | |
| <hr style="border: 1px solid blue;"/> | | | | | |
| 57. Are you doing any of the following? | | | | | |
| <input type="checkbox"/> Crane Services | | | | | |
| <input type="checkbox"/> Truck Brokering | | | | | |
| <input type="checkbox"/> House Moving | | | | | |
| <input type="checkbox"/> Emergency/Non-emergency Medical Transportation | | | | | |
| <input type="checkbox"/> Public Livery | | | | | |
| <input type="checkbox"/> Courier: What do you deliver? | | | | | |
| 58. Commodities hauled: | | | | | |
| <input type="checkbox"/> Chemicals | | | | | |
| <input type="checkbox"/> Heavy/Oversized Loads | | | | | |
| <input type="checkbox"/> Household Furniture | | | | | |
| <input type="checkbox"/> Gasoline/Oil | | | | | |
| <input type="checkbox"/> Oil Field Equipment | | | | | |
| <input type="checkbox"/> Tires | | | | | |
| <input type="checkbox"/> Mobile Homes | | | | | |
| <input type="checkbox"/> Explosives | | | | | |
| <input type="checkbox"/> Flammable Materials | | | | | |
| <input type="checkbox"/> Coal | | | | | |
| <input type="checkbox"/> Liquor | | | | | |
| <input type="checkbox"/> Tobacco | | | | | |
| <input type="checkbox"/> LPG | | | | | |
| <input type="checkbox"/> Waste Toxic/hazardous Waste | | | | | |
| <input type="checkbox"/> Garbage/Rubbish (residential) | | | | | |
| <input type="checkbox"/> Medical | | | | | |
| <input type="checkbox"/> Garbage/ Rubbish (commercial) | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | |

AUTO REPAIR AND SERVICE SHOP EMPLOYEES

Name (Last, First, Middle)	Date of Birth	License Number	State	Past 3 Years		
				# Violations Minor	Major	# Accidents

LIMITS

General Aggregate	\$ _____	Each Occurrence**	\$ _____
Products-Completed Operations Aggregate	\$ _____	Damage to Premises Rented to You	\$ _____
Personal & Advertising Injury**	\$ _____	Medical Expense (any one person)	\$ _____

EMPLOYEE AND PAYROLL INFORMATION

Payroll Location	Total Number			Payroll Amount		
	1	2	3	1	2	3
Executive Officers/Individual Insured and Co-Partners						
Outside Sales, mechanics (for owned equipment), yard employees, terminal employees, dispatcher						
Clerical, inside sales, drivers						
Warehouse employees						
Other:						
Total Payroll						

Additional Locations:

APPLICANT'S SIGNATURE

DATE