



# AmWINS Access Insurance Services Truckers Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

## APPLICANT INFORMATION

NAME: \_\_\_\_\_

## DETAILS OF OPERATIONS

- Do you provide any of the following services? (Check all that apply):
 

<input type="checkbox"/> Crane Services	<input type="checkbox"/> Medical Transport/Waste	<input type="checkbox"/> Truck Brokering or Freight Forwarding
<input type="checkbox"/> House or Mobile Home Moving	<input type="checkbox"/> Pilot Car	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Other: _____		
- Commodities hauled by you or any subcontractor: (Check all that apply)
 

<input type="checkbox"/> Garbage/Rubbish	<input type="checkbox"/> Liquor/Tobacco	<input type="checkbox"/> Seafood/Meat/Perishables
<input type="checkbox"/> Heavy/Oversized Loads that require special permits	<input type="checkbox"/> LPG/Gasoline Oil	<input type="checkbox"/> Timber/Logs
<input type="checkbox"/> Household Furniture	<input type="checkbox"/> Livestock	<input type="checkbox"/> Tires
<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Steel/Coal	<input type="checkbox"/> Toxic/Hazardous Waste
(Hauling liquids to or from sites)	<input type="checkbox"/> Other (Explain): _____	

## GENERAL INFORMATION

- Are you a :  Common  Contract Carrier  
If Contract, who do you haul for? \_\_\_\_\_
- Are you part of a franchise or chain?  Yes  No
- Number of owners: \_\_\_\_\_  
a. Total payroll of all terminal employees & garage or repair persons (not including owners): \$ \_\_\_\_\_
- Age of drivers:  Minimum: \_\_\_\_\_  Maximum: \_\_\_\_\_
- Are motor vehicle records checked prior to hiring drivers?  Yes  No
- Number of vehicles:  Owned: \_\_\_\_\_  Not owned, operating on your behalf: \_\_\_\_\_
- Number of double trailers: \_\_\_\_\_ Number of triple trailers: \_\_\_\_\_
- Is there an established equipment maintenance program?  Yes  No
- Do you have an ICC or PUC filing outstanding?  Yes  No
- Can applicant provide evidence of insurance for cargo and auto coverages?  Yes  No
- Are non-employees allowed to load or unload trucks?  Yes  No
- Do you subcontract any operations?  Yes  No
  - If **Yes**, describe operations subcontracted: \_\_\_\_\_
  - Annual cost of subcontracted work: \$ \_\_\_\_\_
  - Is evidence of primary commercial automobile liability coverage obtained?  Yes  No
  - Are you included as Additional Insured?  Yes  No
  - Minimum commercial automobile limits subcontractors are required to carry?  Yes  No

## APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.**

Signature of Retail Agent \_\_\_\_\_ Date: \_\_\_\_\_