





**PRIOR CARRIER INFORMATION**

| LINE                                | CATEGORY                   | CLAIMS MADE |  | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  | CLAIMS MADE |  | OCCURRENCE |  |
|-------------------------------------|----------------------------|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|-------------|--|------------|--|
| <b>GENERAL COMMERCIAL LIABILITY</b> | CARRIER                    |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY NUMBER              |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY TYPE                |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | RETRO DATE                 |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | EFF-EXP DATE               |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | GENERAL AGGREGATE          |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | PRODUCTS COMP OP AGGREGATE |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | PERSONAL & ADV INJ         |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | EACH OCCURRENCE            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | FIRE DAMAGE                |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | MEDICAL EXPENSE            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | BODILY INJURY              | OCCURRENCE  |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     |                            | AGGREGATE   |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | PROPERTY DAMAGE            | OCCURRENCE  |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | AGGREGATE                  |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| COMBINED SINGLE LIMIT               |                            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| MODIFICATION FACTOR                 |                            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| TOTAL PREMIUM                       |                            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| <b>AUTOMOBILE LIABILITY</b>         | CARRIER                    |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY NUMBER              |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY TYPE                |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | EFF-EXP DATE               |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | COMBINED SINGLE LIMIT      |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | BODILY INJURY              | EA PERSON   |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     |                            | EA ACCIDENT |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | PROPERTY DAMAGE            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | MODIFICATION FACTOR        |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| TOTAL PREMIUM                       |                            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| <b>PROPERTY</b>                     | CARRIER                    |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY NUMBER              |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY TYPE                |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | EFF-EXP DATE               |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | BUILDING                   | AMT         |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | PERS PROP                  | AMT         |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | MODIFICATION FACTOR        |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
| TOTAL PREMIUM                       |                            |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | CARRIER                    |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY NUMBER              |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | POLICY TYPE                |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | EFF-EXP DATE               |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | LIMIT                      |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | MODIFICATION FACTOR        |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |
|                                     | TOTAL PREMIUM              |             |  |            |  |             |  |            |  |             |  |            |  |             |  |            |  |

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

| DATE OF OCCURRENCE | LINE | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | CLAIM STATUS |      |
|--------------------|------|---|---------------|-------------|-----------------|--------------|------|
|                    |      |   |               |             |                 | OPEN         | CLSD |
|                    |      |   |               |             |                 |              |      |
|                    |      |   |               |             |                 |              |      |
|                    |      |   |               |             |                 |              |      |

|         |  |                                     |
|---------|--|-------------------------------------|
| REMARKS | NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY | ATTACHMENTS                         |
|         |  | STATE SUPPLEMENT(S) (if applicable) |

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Named Insured \_\_\_\_\_

1. Describe your operations: \_\_\_\_\_

2. Describe your cargo: \_\_\_\_\_

3. EXPLAIN ALL "YES" ANSWERS BELOW

YES NO

- a. Do you generate income from other activities besides the operation of the truck(s)?
b. Are there any underground storage tanks on any owned or leased property?
c. Do you perform any vehicle repairs on vehicles other than your own vehicles?
d. Do you store vehicles that you don't own or store goods of others?
e. Do you sell fuel or other products?
f. Do you perform any brokerage, freight forwarding or consolidation for others?
g. Do you have any past or present operations involving treating, discharging, applying, disposing or transporting hazardous materials?
h. Do you haul containers or containerized freight?
i. Do you loan or rent any machinery or equipment, other than motor vehicles, to others?
j. Are any of your vehicles unlicensed or not covered under an auto policy?
k. Do you haul any of the following: ammonia nitrate, anhydrous ammonia, biotech products, bulk chemicals, coal, compressed gas (LPG, propane, etc.), contaminated soil, explosives including fireworks, flammable liquids (including gasoline), guns or munitions, hazardous waste, iron ore, pharmaceuticals, radioactive materials, refuse or waste (including waste from sewage treatment plants) or hazardous substances requiring auto liability limits in excess of \$1,000,000.
YES NONE of these listed commodities

Provide full detailed explanations for all YES answers.

Multiple horizontal lines for providing detailed explanations for YES answers.