

GENERAL LIABILITY POLICY INFORMATION
(Please complete this section only if applicable)

LIMITS OF INSURANCE	
General Aggregate Limit (Other than Products - Completed Operations)	\$ _____
Products - Completed Operations Aggregate Limit	\$ INCLUDED _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Damage to Rented Premises Limit	\$ _____ Any One Premises
Medical Expense Limit	\$ _____ Any One Person
Payroll	\$ _____

Payroll is made up of: owners, mechanics, outside sales people, yard employees, terminal employees, dispatchers and any other miscellaneous employees and should be included for 100% of their actual payroll.

Clerical, inside sales and driver payroll are excluded when determining payroll.

BUSINESS LOCATIONS					
Location Information (List all offices, terminals, warehouses, or other premises you own or lease.)					
No.	Complete Address	Describe Function of Location	Total # of Employees	Owned	Leased
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
Location Information (Continued)					
No.	Fenced	Security Guards	Public Access	Lighted	Guard Dog(s)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Please use additional sheets if necessary.)					
Is insured or any owner, shareholder, director or officer involved in any business activity other than trucking? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, describe: _____					
Does applicant do any rigging? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide receipts, type of equipment, and describe types of jobs performed.					
Does applicant do work on any equipment other than Company Owned Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide revenue, # of vehicles at any one time, and describe type of work performed.					
Does applicant have any underground or above ground storage facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide capacity, type of products stored. _____					
Does applicant have pollution liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No.					
Does applicant sell any product either wholesale or retail? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, describe: _____					