

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 <u>excluded</u> 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: _____					