



**SierraSpecialty**

Sand & Gravel Application

Producer: \_\_\_\_\_

Tel# \_\_\_\_\_

Fax# \_\_\_\_\_

Effective Date: \_\_\_\_\_

1. Name \_\_\_\_\_ Address/City \_\_\_\_\_  
 (Must read same as MCP Filing)
2. DBA \_\_\_\_\_ Garaging Zip \_\_\_\_\_ Garaging City \_\_\_\_\_
3. Applicant is  Individual  Partnership  Corporation  
 Names and titles of Principals \_\_\_\_\_ Phone# \_\_\_\_\_  
 Occupation or business \_\_\_\_\_ Years in business \_\_\_\_\_
4. If new venture, give names of previous employer \_\_\_\_\_
5. Has any carrier cancelled or refused to renew  Yes  No If yes, please give details \_\_\_\_\_  
 \_\_\_\_\_
6. California Filings required (if ICC needed, must give docket number) \_\_\_\_\_  
 \_\_\_\_\_
7. Areas hauled to \_\_\_\_\_ Frequency of hauls \_\_\_\_\_
8. Types of cargo (BE SPECIFIC) \_\_\_\_\_  
 A. Does the insured haul under long term contract? \_\_\_\_\_  
 B. Who does the insured haul for? (BE SPECIFIC) \_\_\_\_\_  
 \_\_\_\_\_  
 C. Does the insured own his own trailers? \_\_\_\_\_  
 D. If not, who's trailer/trailers are they pulling? \_\_\_\_\_
9. Do you own or operate any commercial equipment other than what is listed on next page?  Yes  No  
 If yes, please explain \_\_\_\_\_
10. Do you use subhaulers or leased operators? \_\_\_\_\_  
 If you ever lease to or from another trucking company, please state for whom: \_\_\_\_\_  
 \_\_\_\_\_
11. Are operations conducted exclusively within California?  Yes  No
12. Do operations extend into or through these locations? Check appropriate box  Los Angeles  San Francisco
13. Is there a formal safety program in effect?  Yes  No
14. CHECK COVERAGES AND INDICATE LIMITS DESIRED

| COVERAGES  | LIMITS   |
|--|--|
| Bodily Injury and Property Damage Liability        | CSL \$ _____   |
| Uninsured Motorist                                 | CSL \$ _____   |
| Comprehensive / Collision                          | Deductibles _____ / _____                                |
| Medical Payments                                   | Per Person _____   |
| UMPD \$3,500 <u>OR</u> Collision Deductible Waiver | <input type="checkbox"/> Yes <input type="checkbox"/> No |

