

Truck Application SUPPLEMENT

Sierra Specialty

Phone: 866-814-9378 Fax: 559-256-6950

Use with ACORD or Non-Maxum Truck Applications

Agency: _____ Agent: _____ Incumbent: Yes No

Insured Name: _____

Name of Owner: _____ Years insured under this name? _____

Section I – GENERAL

1. Does applicant or subsidiary operate as a broker, freight forwarder, or arrange loads for others? Yes No
2. Loads are: Truckload Less than Truckload (LTL)
3. Percent of loads secured through: Freight Brokers: _____% Contracts with Shippers: _____%
4. Percent of loads to regular or fixed destinations: _____%
5. Do you haul:

Containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, _____%	Flatbed Materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, _____%
Sand & Gravel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, _____%	Double Trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, _____%

Section II – MILEAGE AND REVENUE HISTORY– IFTA / Mileage Pro-Rate is required on risks operating interstate

Year	Policy Term	# Units at Inception	Annual Revenue \$	Annual Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				

6. Does applicant own or permanently lease any autos NOT included in the mileage schedule(s)? Yes No If yes, indicate below.
 Owner operators: # _____ Autos under 26,000 GVW: # _____ Autos operating intrastate only: # _____ Other: # _____
7. Average annual miles per unit operated: Average mileage per Tractor / Truck: _____ Service Unit: _____
8. Percent of trips: 0-100 miles _____% 300 miles _____% 500 miles _____% 1000 miles _____% Over 1000 miles _____%

Section III – RANGE OF TRANSPORT Interstate Intrastate Only

INDICATE ALL PRIMARY (10% +) DESTINATION CITIES (metro and non-metro) and estimate % of hauls originating or delivered into.

Destination City, State	% Loads	Destination City, State	% Loads	Destination City, State	% Loads