

**MAXUM INDEMNITY INSURANCE COMPANY
TRUCKING PROGRAM GENERAL LIABILITY APPLICATION**

INSURED'S NAME: _____

FULLY DESCRIBE YOUR OPERATIONS:

HAS INSURANCE OF THIS TYPE BEEN CANCELLED, REFUSED OR NONRENEWED BY ANY COMPANY IN THE LAST 3 YEARS? YES NO NO PRIOR GL INSURANCE

IF YES, GIVE DATE, COMPANY AND REASON:

HAVE THERE BEEN ANY GENERAL LIABILITY LOSSES IN THE LAST 3 YEARS?
YES NO

IF YES, LIST ALL LOSSES IN LAST 3 YEARS INCLUDING DATE, COMPANY AND AMOUNT OF LOSS:

LIMITS

GENERAL AGGREGATE LIMIT:	_____	\$2,000,000 MAX
PRODUCT-COMPLETED OPERATIONS AGGREGATE LIMIT:	_____	\$2,000,000 MAX
EACH OCCURRENCE LIMIT:	_____	\$1,000,000 MAX
PERSONAL AND ADVERTISING INJURY LIMIT:	_____	\$1,000,000 MAX
DAMAGE TO PREMISES RENTED TO YOU LIMIT:	_____	\$100,000 MAX
MEDICAL EXPENSE:	_____	\$5,000 MAX

EMPLOYEE AND PAYROLL INFORMATION

	TOTAL NUMBER	PAYROLL
EXECUTIVE OFFICERS, PARTNERS OR INDIVIDUAL OWNERS	_____	\$ _____
OUTSIDE SALES, MECHANICS, YARD EMPLOYEES, TERMINAL EMPLOYEES, DISPATCHERS AND OTHER MISCELLANEOUS PAYROLL EXCLUDING CLERICAL, INSIDE SALES, AND DRIVERS (UNLESS CATEGORIZED ABOVE)	_____	\$ _____
TOTAL	_____	\$ _____



UNDERWRITING INFORMATION

PLEASE VERIFY IF YOU OR OWNER OPERATORS WHILE HAULING ON YOUR BEHALF HAVE ANY OF THESE EXPOSURES?

Y N

- OPERATIONS SOLD ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS
- PREVIOUSLY OR CURRENTLY ACTIVE IN JOINT VENTURES
- STRUCTURAL ALTERATIONS TO PREMESIS CONTEMPLATED
- STEVEDORING OR RIGGING
- WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED
- SPORTING OR SOCIAL EVENTS SPONSORED
- DOG ON PREMESIS
- WAREHOUSING OR STORAGE OF PROPERTY/GOODS OF OTHERS
- STORAGE OF VEHICLES OF OTHERS ON YOUR LOT OR IN YOUR BUILDINGS
- REPAIR OF VEHICLES OF OTHERS
- COURIER, LIMO, TAXI SERVICES
- VEHICLE ESCORT SERVICES
- DELIVERY OF DIRT, SAND OR GRAVEL TO CONSTRUCTION SITES
- READY MIX OPERATIONS
- TOWING
- OWNED MOBILE EQUIPMENT (*BESIDES FORKLIFTS – IF YES, DESCRIBE:* _____)
- TRUCK BROKERAGE, LOAD FINDING, OR FREIGHT FORWARDING
- OWNERSHIP OF ANY UNLICENSED TRUCKS
- OFFICE, PARKING OR WAREHOUSE SPACE LEASED TO OTHERS
- LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARY
- INTERMODAL OPERATIONS OR TRAILER INTERCHANGE
- HAULING ANY OF THE FOLLOWING COMMODITIES:
 - AMMONIA NITRATE
 - ANHYDROUS AMMONIA
 - BIOTECH PRODUCTS
 - BULK CHEMICALS
 - COAL
 - COMPRESSED GAS (LPG, PROPANE, ETC.)
 - CONTAMINATED SOIL
 - EXPLOSIVES INCLUDING FIREWORKS
 - FLAMMABLE LIQUIDS (INCLUDING GASOLINE)
 - HAZARDOUS MATERIALS OR WASTE
 - IRON ORE
 - PHARMACEUTICALS
 - RADIOACTIVE MATERIALS
 - RESIDENTIAL GARBAGE OR JUNK, COMMERCIAL GARBAGE OR JUNK
 - REFUSE AND WASTE (INCLUDING WASTE FROM SEWAGE TREATMENT PLANTS)

I CERTIFY ALL INFORMATION ABOVE IS TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS BY ME WILL CONSTITUTE REASON FOR THE COMPANY TO VOID OR CANCEL ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION, AND WILL HOLD THE COMPANY HARMLESS FOR THE ACTION TAKEN. I ALSO AGREE THAT IF A POLICY IS ISSUED PURSUANT TO THIS APPLICATION, THE APPLICATION AND ANY ELECTIONS OR REJECTIONS, WHICH ARE ON THE APPLICATION AND SIGNED BY ME, SHALL BECOME A PART OF THE POLICY.

I UNDERSTAND ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF AGENT OF APPLICANT _____ DATE _____

AGENCY NAME _____ PHONE # () _____ FAX # () _____ EMAIL _____