

Truckers' PDQ Supplemental Application (Complete in addition to ACORD General Liability Application)

- 1. Are you a: Common Contract Carrier If contract, who do you haul for: _____
- 2. Number of Vehicles: Owned _____ Not owned, operating on your behalf _____
- 3. Is there an established equipment maintenance PDQ? Yes No
- 4. Radius of Operation (in miles): _____ States in which you operate: _____

5. Any oversize/over-wide permits required? Yes No If Yes, please explain: _____

6. Do you have an ICC or a PUC filing outstanding? Yes No

7. Commodities hauled:
- | | | |
|---|--|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Explosives | <input type="checkbox"/> Flammable Materials |
| <input type="checkbox"/> Gasoline/Oil | <input type="checkbox"/> LPG | <input type="checkbox"/> Medical Waste |
| <input type="checkbox"/> Toxic/Hazardous Waste | <input type="checkbox"/> Tires | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Household Furniture | <input type="checkbox"/> Heavy/Oversized Loads |
| <input type="checkbox"/> Garbage/Rubbish | <input type="checkbox"/> Mobile Homes | |
| <input type="checkbox"/> Other (describe) _____ | | |

8. Other operations:
- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Own or operate a landfill |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane or Towing service |
| <input type="checkbox"/> | <input type="checkbox"/> | Own or operate an Underground Fuel Tank |
| <input type="checkbox"/> | <input type="checkbox"/> | Use Aircraft |
| <input type="checkbox"/> | <input type="checkbox"/> | Product assembly/installation |
| | | If yes, describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Warehousing |
| | | If yes, location: _____ Area _____ sq. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (describe): _____ |

9. Do you subcontract any operations? Yes No
 If yes: Description of operations subcontracted: _____
 Annual Cost of Subcontracting: \$ _____
 Is evidence of Insurance obtained? Yes No
 Are you included as an additional insured? Yes No

10. Information for:

	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

Applicant's Signature: _____ Date: _____

Producer: _____ Date: _____