



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  
 Are there security systems for the warehouses?  Yes  No  
 Are security guards provided?  Yes  No  
 If yes, are they armed?  Yes  No

Information for:	<b>Auto Liability</b>	<b>Motor Truck Cargo</b>
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent Name

\_\_\_\_\_  
 Agent License Number

*(Applicable in the state of Florida only.)*