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hullandco-texas.com

Agent Name:

Contact:

Agent Address:

Phone #

Trailer Manufacturing Operations Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION

- 1. Does applicant manufacture the axles?
2. Does applicant manufacture hitches?
3. Do others manufacture any other components?
4. Are certificates of insurance obtained from all suppliers?
5. Is there a brochure, photo, or drawing of the unit for review?
6. Maximum capacity (GVW):
7. Are the trailers made for a specific industry?
8. Is the unit equipped with an independent braking system?
9. Does applicant fabricate, service or install trailer hitches on vehicles of others?
10. Do all units have a serial number?
11. Are records kept on each sale?
12. Will the applicant perform any customizing of units manufactured by others?
13. Does the applicant perform any frame stretching?
14. Will the applicant take units as trade for new sales?
15. Does the applicant sell used equipment to others?
16. Provide estimated gross sales, broken down by all operations (mfg, sales of new/used, repair).

**UNDERWRITING INFORMATION (Continued)**

17. Describe any public exposure to the premises. \_\_\_\_\_

\_\_\_\_\_

Due to the inherent hazards associated with welding and fabricating exposures, what protection does the applicant have in place? \_\_\_\_\_

\_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_

Producer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

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.