Member companies of Western World Insurance Group Western World Insurance Company **Tudor Insurance Company** Stratford Insurance Company

Truckers Supplemental Application (Complete in addition to ACORD)

1.	Name of Applicant:		
	Area of Operation:		
2.	a) Number of Owners:		
	b) Total payroll of all terminal employees and garage or repair pers	ons (not including owners):	
	c) Number of trucks owned:		-
3.	Are you part of a franchise or chain?	Yes	No
4.	Describe type of cargo being transported:		
	Any over-sized or overweight loads hauled?	Yes	No
5.	Are any hazardous materials being transported?	Yes	No
	Any garbage, waste or refuse being transported?	Yes	No
6.	Is any meat or seafood being transported?	Yes	No
	If yes, please describe:		
7.	Is Motor Truck Carrier Coverage (Commercial Auto) in place?	Yes	No
	What are the limits?		
	Who is the carrier?		
8.	Do you engage in storage warehouse operations?	Yes	No
	If yes, please complete Warehouse Supplemental Application	A-100.	
9.	Are subcontractors used?	Yes	No
10.	Are owner-operators used?	Yes	No
11.	Do you lease out, rent or loan trucks or equipment?	Yes	No
12.	Do you lease out, rent or loan drivers or other employees?	Yes	No
13.	Are non-employees allowed to load or unload trucks?	Yes	No
	Applicant's Signature	Date	
	Title	Producing Agent	