Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

TRUCKERS/WAREHOUSE SUPPLEMENTAL APPLICATION

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: ______________________________ Location Address: ______________________________

Mailing Address: ______________________________ ______________________________

______________________________ ______________________________

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1. Are you a: ☐ Common ☐ Contract Carrier

   If contract, who do you haul for? ____

   ____

2. Age of drivers: Minimum ______________ Maximum ______________
3. Are motor vehicle records checked prior to hiring drivers? ☐ Yes ☐ No
4. Number of vehicles: Owned __________ Not owned, operating on your behalf __________
5. Number of double trailers? __________
6. Is there an established equipment maintenance program? ☐ Yes ☐ No
7. Is there a formal safety program in place? ☐ Yes ☐ No
8. Radius of operation (in miles): __________
9. States in which you operate: ____
10. Any oversize/overwide permits required? ☐ Yes ☐ No

    If yes, please explain: ____

    ____

11. Do you have an ICC or PUC filing outstanding? ☐ Yes ☐ No
12. Can applicant provide evidence of insurance for cargo and auto coverages? ☐ Yes ☐ No
13. Commodities hauled:

☐ Chemicals	☐ Explosives	☐ Flammable Materials	☐ Timber/Logs
☐ Gasoline/Oil	☐ LPG	☐ Medical Waste	☐ Steel/Coal
☐ Toxic/Hazardous Waste	☐ Tires	☐ Household Furniture	☐ Tobacco
☐ Garbage/Rubish	☐ Heavy/Oversized Loads	☐ Mobile Homes/Homes	☐ Liquor

☐ Other (describe): ____

14. Other operations:

Own or operate a landfill? ☐ Yes ☐ No

Crane or towing service? ☐ Yes ☐ No

Own or operate an underground fuel tank? ☐ Yes ☐ No

Use aircraft? ☐ Yes ☐ No

Product assembly/installation? ☐ Yes ☐ No

If yes, please describe: ____________________

Warehousing? ☐ Yes ☐ No

If yes, location: ____________________ Area: ______ sq. ft.

Other (describe): ____________________

15. Do you subcontract any operations? ☐ Yes ☐ No

If yes, description of operations subcontracted: ____________________

16. Annual cost of subcontracting: $ ________________

17. Is evidence of insurance obtained? ☐ Yes ☐ No

18. Are you included as an additional insured? ☐ Yes ☐ No

19. Are there security systems for the warehouses? ☐ Yes ☐ No

20. Are security guards provided? ☐ Yes ☐ No

If yes, are they armed? ☐ Yes ☐ No

Information for:	**Auto Liability**	**Motor Truck Cargo**
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

(Applicable in the state of Florida only.)

______________________ ______________________

Agent Name Agent License Number