

Truckers Package Product Application – All States

You can obtain a quote by providing the information in Section I - Instant Quote below, subject to the remainder provided prior to binding.

Annlicant's Name						
			□ Same	as mailii	na add	lress
City:			Zip:			
Description of Operations:			Ζιρ			
Description of Operations.						—
Liability Section	0/6300 000 🗀 6300 000	0/¢600 000 □ ¢500 000/¢1	000 000			
Limit: 🖵 \$100,000 Total number of unit	:s (include owner operator	rs as well as owned units):	,000,000			
# Full-time Employe	ees #	Part-time Employees	(<30 hrs/week)			
No appliance deliver	ry or installation		☐ Tru	ie 🖵 F		
			ther specialty household goods) True			
Do you want Blanke Property Section	t Additional Insured covera	age?	□ Ye	s 🗆 N	10	
Construction:	☐ Frame ☐ Joisted M	lasonry Non-Combustible	■ Masonry Non-Combustil	ole		
	■ Modified Fire-Resisting		☐ Other			
Protection Class:						
	f Loss: 🔲 Basic 🗓					
Requested Valuation	n: ☐ Replacem	nent Cost	alue			
Deductible: Coinsurance:	□ \$1,000 □ □ 80% □	□ \$2,500 □ \$5,000 □ 100%				
oonioaranoo.	Property Limit \$	= 00 /0				
Business Income &	Extra Expense Limit \$					
Business Income &	Extra Expense Limit \$	ss Payee, M = Mortgagee)				
Business Income &	Extra Expense Limit \$		City, State, Zip	AI	LP	M
Business Income & Additional Interests (AI = A	Extra Expense Limit \$ dditional Insured, LP = Lo	ess Payee, M = Mortgagee)	City, State, Zip	Al	LP	+
Business Income & Additional Interests (AI = A	Extra Expense Limit \$ dditional Insured, LP = Lo	ess Payee, M = Mortgagee)	City, State, Zip			
Business Income & Additional Interests (AI = A	Extra Expense Limit \$ dditional Insured, LP = Lo	ess Payee, M = Mortgagee)	City, State, Zip			
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Additional Interests (AI = A	Extra Expense Limit \$ dditional Insured, LP = Lo Relationship/Interest	ess Payee, M = Mortgagee)	City, State, Zip			1
Business Income & Additional Interests (AI = AI Name LOSS INFORMATION FOR	Extra Expense Limit \$ dditional Insured, LP = Lo Relationship/Interest R THE PAST 3 YEARS	Address	City, State, Zip			
Business Income & Additional Interests (AI = AI Name LOSS INFORMATION FOR	Extra Expense Limit \$ dditional Insured, LP = Lo Relationship/Interest R THE PAST 3 YEARS	Address	City, State, Zip Description			
Business Income & Additional Interests (AI = AI Name LOSS INFORMATION FOR Liability Coverages Year Status Open/Closed	Extra Expense Limit \$ dditional Insured, LP = Lo Relationship/Interest R THE PAST 3 YEARS None, or provide deta Incurred	Address				
Business Income & Additional Interests (AI = AI Name LOSS INFORMATION FOR Liability Coverages Year Status Open/Closed Open/Closed	Extra Expense Limit \$ dditional Insured, LP = Lo Relationship/Interest R THE PAST 3 YEARS None, or provide deta Incurred \$ \$	Address Aldress il below.				
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Business Income & Additional Interests (AI = AI Name Name	Extra Expense Limit \$	Address Aldress iil below.	Description			
Business Income & Additional Interests (AI = AI Name Name	Extra Expense Limit \$	Address Aldress il below.	Description			

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III. ADDITIONAL PROPERTY INFORMATION				
If you own the building and it is older than 10 years old, plea				
Age of roofyrs. Plumbing updated (yr)				
Roof Type:				er
Plumbing Type:□ PVC □ Copper □ Lead			her	
What type of burglar alarm is on the premises? ☐ Central S Building Owner Questions	station 🔟 Local 🔟	None		
Building Limit \$				
What year was the building constructed?				
What is the square footage of the entire structure?	•			
Is any portion of the building leased to commercial tenants? If Yes, applicable sq. ft.				
Does the applicant lease any apartments at this location? \Box				
If Yes, Number of Units applicable sq. ft				
IV. ELIGIBILITY CRITERIA	in the leat France			D. Touris D. Fallan
 No bankruptcies, tax or credit liens against the applicant Coverage has not been cancelled or non-renewed in the 		olicable in Misse	uri)	☐ True ☐ False ☐ True ☐ False
If False, advise reason		JIICADIE III IVIISSO	ouri)	u liue u raise
General Liability				
Applicant does not haul mix-in-transit, hot mix, bulk seala	int or bulk dry ceme	nt		☐ True ☐ False
2. Applicant does not own any pit, mine or quarry	,			☐ True ☐ False
3. Applicant is not a garbage/debris/refuse hauler				□ True □ False
4. Applicant will not haul oversized loads				□ True □ False
5. No hauling of hazardous materials or no permits/authority				
including but not limited to the bulk hauling of petroleum				D.T. D.E.I
explosives, medical or laboratory waste, acids, alkalines of	or compressed gase	es .		☐ True ☐ False
6. No ice or snow treatment/removal services provided				☐ True ☐ False ☐ True ☐ False
7. No locations or operations in Alaska or Louisiana8. No operations involving the warehousing of goods of other	ore			☐ True ☐ False
9. No rental, leasing, or loaning of vehicles or equipment to				☐ True ☐ False
10. No repair or servicing of vehicles or equipment of others				☐ True ☐ False
11. No rigging operations				☐ True ☐ False
12. No towing operations				☐ True ☐ False
13. No use of unlicensed vehicles or mobile equipment (inclu	uding attached mach	ninery)		☐ True ☐ False
Property				
 All flammables stored in a fire resistive cabinet 				□ True □ False
2. All gas pumps are protected by a vehicle or barrier stop				☐ True ☐ False
3. For any building built prior to 1978, 100% of the electric v	wiring is on functioni	ng and	- N/A	D.T. D.F.
operating circuit breakers	inin na analana la O Arab		□ N/A	
4. For any building built prior to 1978, there is no aluminum5. Functioning and operational fire extinguishers available	wiring or knob & tur	be wiring	□ N/A	☐ True ☐ False ☐ True ☐ False
 Functioning and operational line extinguishers available Functioning and operational smoke and/or heat detectors 	in all units and/or o	occupancies		☐ True ☐ False
7. Business does not operate on a seasonal basis	in an anto ana/or c	ocuparioics		☐ True ☐ False
V. ADDITIONAL APPLICANT INFORMATION				— 1146 — 14166
Form of Business: Individual Corporation	☐ Partnership	□ LLC	☐ Other	
What year did the business start?				
Applicant's Mailing Address:		(if differe	ent than the locat	ion address above)
City:				,
Email Address of primary contact:				
Inspection Contact Name:				
		/Email Address		
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Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

Applicant's Signature:	Title:	Date:	
If your state requires that we have information reg	arding your Authorized Retail Agent or Bro	ker, please provide below.	
Retail Agency Name:		License #:	
Main Agency Phone Number:			
Agency Mailing Address:			