



**COMMERCIAL AUTO
GENERAL LIABILITY APPLICATION SUPPLEMENT**

This application must be attached to the Commercial Auto Application.

Submission/Policy Number: _____ Proposed Effective Dates: FROM: _____ TO: _____

Name _____

LOCATION OF PREMISE

Location	Address	Classification*
1		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
2		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
3		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service

***Must have Truckers (99793) class in order to select Warehouses NOC (99938) or Automobile Repair or Services Shop (10073) class(es).**

INSURANCE HISTORY AND LOSS EXPERIENCE

- Has insurance company canceled or nonrenewed your policy in the last 3 years? **(Missouri Applicants - Do not answer this question.)** Yes No If yes, explain: _____
- Prior years insurance under business name: _____
- Have there been any General Liability losses in the last 3 years? Yes No If yes, indicate losses below:

Effective Dates From - To	Prior Carrier Name	Policy Number	# Losses	Loss Amount	Description of Loss

UNDERWRITING INFORMATION

- Fully describe the insured's operation. _____
- Do you have any operations other than trucking, such as:

	Yes	No		Yes	No
a. Storage of goods of others (warehousing)	<input type="checkbox"/>	<input type="checkbox"/>	f. Freight forwarding, consolidation, or brokering	<input type="checkbox"/>	<input type="checkbox"/>
b. Repair of vehicles or goods of others	<input type="checkbox"/>	<input type="checkbox"/>	g. Any sporting or social events sponsored	<input type="checkbox"/>	<input type="checkbox"/>
c. Storage of vehicles of others	<input type="checkbox"/>	<input type="checkbox"/>	h. Farming operations	<input type="checkbox"/>	<input type="checkbox"/>
d. Space leased to others	<input type="checkbox"/>	<input type="checkbox"/>	i. Any other business activities located at same premises	<input type="checkbox"/>	<input type="checkbox"/>
e. Sale of fuel or other products	<input type="checkbox"/>	<input type="checkbox"/>	j. Towing - Owned or for Others	<input type="checkbox"/>	<input type="checkbox"/>
- Do you generate income from other activities besides the operation of the trucks? Yes No
- Do you sign any contracts requiring the insured to assume the liability of another party? Yes No
- Do you sign any contracts requiring other parties to assume liability? Yes No
- Do you use mobile equipment on or off premises such as forklifts, backhoes or hand trucks? Yes No
- Do you loan or rent any machinery, equipment or motor vehicles to others? Yes No
- Are any of your vehicles unlicensed or not covered under an auto policy? Yes No
- Are there independent contractors hauling on your behalf? Yes No
 If yes, do they carry General Liability coverage with limits equal to those being requested? Yes No
- Identify type of fire protection (functioning and properly maintained):
 Sprinkler System Smoke Detectors Fire Extinguishers
 Other - Describe: _____
- If you perform services on air conditioning/refrigeration units, do mechanics hold required certification where required by law? Yes No
- Identify type of security protection, if any:
 Fenced Security Cameras Guard Dogs Security Guards/Service
 Other - Describe: _____

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 13. Are parking facilities and common areas free from defects and adequately lighted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are visitors allowed on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Visitors on a daily basis: Average _____ Maximum _____ | | |
- Explain all YES answers: _____
-

Complete the following questions ONLY if selecting Warehouses NOC Class

15. Number of years operating a Warehouse operation _____
16. Indicate type of goods stored:
- | | | |
|---|--|--|
| <input type="checkbox"/> Cold/Refrigerated Products - what percent is cold storage? _____ % | | |
| <input type="checkbox"/> Containerized Freight | <input type="checkbox"/> Public (pay charges to store) | |
| <input type="checkbox"/> Private (storing own goods) | <input type="checkbox"/> Bonded (imported goods) | |
| <input type="checkbox"/> Other - describe: _____ | | |
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | N/A | Yes | No |
| 17. Does the warehouse have sales or sell merchandise to the public? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the warehouse locked after hours? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are goods delivered after hours to warehouse? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have procedures in place to assure proper warehousing of refrigerated goods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have any railroad sidetrack agreements? | | <input type="checkbox"/> | <input type="checkbox"/> |

Complete the following questions ONLY if selecting Auto Repair & Services Shop Class

22. Number of years operating garage/repair shop: _____
23. Revenue generated from performing service of vehicles other than company owned:
- | | | |
|-------------------------------|----------------------|----------------------|
| Location 1: \$ _____ | Location 2: \$ _____ | Location 3: \$ _____ |
| # Units Served Annually _____ | _____ | _____ |
24. Indicate percentage of work on the following:
- | | | |
|---------------------------|-----------------------------------|--------------------------------|
| Truck Tractors _____ % | Tank Trailers _____ % | Farm Equipment _____ % |
| Semi-Trailers _____ % | Boom Trucks/Bucket Trucks _____ % | Construction Equipment _____ % |
| Refrigerated Vans _____ % | Service or Tow Trucks _____ % | Other _____ % |
25. Indicate percentage of work performed off premises: _____ %
26. Hours of operation for repair/service operation _____ Number of days _____
27. Is the repair/service facility locked after hours? Yes No
28. Indicate percentage of work that is:
- | | | |
|------------------------------------|---|------------------------------------|
| Body & Paint _____ % | Lube & Oil _____ % | Frame _____ % |
| Brakes _____ % | Power Train _____ % | Suspension _____ % |
| Engine Overhaul _____ % | Radiator _____ % | Tank Cleaning _____ % |
| Fabrication, Rebuild, Weld _____ % | Refrigeration Unit _____ % | Tire Repair or Replacement _____ % |
| FMCSA Safety Inspection _____ % | Repair Tank Trailers (external) _____ % | Tune Up _____ % |
| Hydraulics _____ % | Subcontracted out to others _____ % | Wash & Detail _____ % |
| 5th Wheel _____ % | Hitches _____ % | Tire Recapping _____ % |
29. Are the mechanics ASE certified? Yes No
If no, number of years of training and experience you require: _____
30. If employees drive extra-heavy trucks, truck tractors and semi-trailers away from the garage premises on public roadways, do they have the required Commercial Driver's License (CDL)? Yes No
31. If you complete FMCSA annual vehicle inspections:
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Does the inspector understand the FMCSA inspection criteria? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has inspector mastered the methods, procedures, tools and equipment when performing an inspection? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does inspector have at least one year of training and/or experience consisting of: | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Participation in a manufacturing sponsored training program; or | | |
| (2) Experience as a mechanic or inspector: | | |
| - In a motor carrier maintenance program; or | | |
| - In a commercial garage; or | | |
| - For a State or Federal government | | |

	Yes	No		Yes	No
32. Are any vehicles held for sale at any of the locations?	<input type="checkbox"/>	<input type="checkbox"/>			
33. Do you sell new tires?	<input type="checkbox"/>	<input type="checkbox"/>			
34. Do you sell used tires?	<input type="checkbox"/>	<input type="checkbox"/>			
35. Do you recap tires?	<input type="checkbox"/>	<input type="checkbox"/>			
36. Do you have a parts store?	<input type="checkbox"/>	<input type="checkbox"/>			
37. Do you operate a salvage yard?	<input type="checkbox"/>	<input type="checkbox"/>			
38. Number of service bays _____					
39. Do you have hoists/lifts?	<input type="checkbox"/>	<input type="checkbox"/>		Yes	No
40. Is customer's vehicle stored overnight in an enclosed or locked location?				<input type="checkbox"/>	<input type="checkbox"/>
41. Are keys stored in a secure location where access is restricted to authorized personnel only?				<input type="checkbox"/>	<input type="checkbox"/>
42. Are customers allowed in service areas?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they escorted?				<input type="checkbox"/>	<input type="checkbox"/>
43. Are signs posted to warn customers that shop is not responsible for any items left inside their vehicles?				<input type="checkbox"/>	<input type="checkbox"/>
44. Do you loan or lease vehicles to customers while their autos are being serviced?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often? _____					
45. Do you repossess autos?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you contract it out?				<input type="checkbox"/>	<input type="checkbox"/>
46. Is any part of your operation a self-service auto repair shop?				<input type="checkbox"/>	<input type="checkbox"/>
47. Do you have any unused underground storage tanks?				<input type="checkbox"/>	<input type="checkbox"/>
48. Are gas pumps available to the public?				<input type="checkbox"/>	<input type="checkbox"/>
49. Do you sub-contract repair work to others?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you secure certificates of insurance?				<input type="checkbox"/>	<input type="checkbox"/>
50. Are any guarantees or warranties offered on parts or labor for jobs performed?				<input type="checkbox"/>	<input type="checkbox"/>
51. Indicate steps in place to ensure that proper repairs are made and the vehicle is safe to return to the road:					
<input type="checkbox"/> Post Service Checklist			<input type="checkbox"/> Service Manager Review		
<input type="checkbox"/> Customer Pre-Approval of Repairs			<input type="checkbox"/> Test Drive		
52. How are used tires, automotive fluids, batteries, motor oil, and soiled uniforms and rags disposed of?			_____		
53. How are solvents and flammables stored and properly disposed of?			_____		
54. What hazardous materials are stored on premises? _____			_____		
55. Do you work on vehicles that have been involved in accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what precautions are taken to protect workers from exposure to bloodborne pathogens?			_____		
56. Indicate parts, equipment, and accessories you fabricate: _____			_____		

AUTO REPAIR AND SERVICE SHOP EMPLOYEES

Name (Last, First, Middle)	Date of Birth	License Number	State	Past 3 Years		
				# Violations Minor	Major	# Accidents

LIMITS

General Aggregate	\$ _____	Each Occurrence**	\$ _____
Products-Completed Operations Aggregate	\$ _____	Damage to Premises Rented to You	\$ _____
Personal & Advertising Injury**	\$ _____	Medical Expense (any one person)	\$ _____

**These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit.

EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)

Limits for Bodily Injury Accident each Accident/Disease each Employee/Disease per Policy (Disease per policy limit can not exceed GL Aggregate Limit)

- \$100,000/\$100,000/\$500,000
- \$500,000/\$500,000/\$500,000
- \$1,000,000/\$1,000,000/\$1,000,000
- \$2,000,000/\$2,000,000/\$2,000,000 (Truckers Class Only)

W.C. Carrier _____ W.C. Policy # _____ W.C. Effective Date _____

EMPLOYEE AND PAYROLL INFORMATION

Payroll Location	Total Number			Payroll Amount		
	1	2	3	1	2	3
Executive Officers/Individual Insured and Co-Partners						
Outside Sales, mechanics (for owned equipment), yard employees, terminal employees, dispatcher						
Clerical, inside sales, drivers						
Warehouse employees						
Other:						
Total Payroll						

APPLICANT'S SIGNATURE

DATE