



**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**

- Do you have any operations other than for-hire trucking?  Yes  No If yes, check all that apply:
 

<input type="checkbox"/> Storage of goods of others (warehousing)	<input type="checkbox"/> Freight forwarding, consolidation, or brokering
<input type="checkbox"/> Repair of vehicles or goods of others	<input type="checkbox"/> Any sporting or social events sponsored
<input type="checkbox"/> Storage of vehicles of others	<input type="checkbox"/> Farming operations
<input type="checkbox"/> Space leased to others	<input type="checkbox"/> Any other business activities located at same premises
<input type="checkbox"/> Sale of fuel or other products	<input type="checkbox"/> Towing - Owned or for Others
<input type="checkbox"/> Other - Describe: _____	
- 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 or backhoes?  Yes  No
- Do you have any underground storage tanks?  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
- Do you have a fire protection system in place?  Yes  No

<input type="checkbox"/> Sprinkler system	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Other - Describe: _____		
- Do you perform services on air conditioning/refrigeration units?  Yes  No  
If yes, do mechanics hold required certification as required by law?  Yes  No
- Do you have security protection?  Yes  No

<input type="checkbox"/> Fenced	<input type="checkbox"/> Security Cameras	<input type="checkbox"/> Guard Dogs	<input type="checkbox"/> Security Guards/Service
<input type="checkbox"/> Other - Describe: _____			

13. Are parking facilities and common areas free from defects and adequately lighted? Yes  No
14. Are visitors allowed on the premises? Yes  No
- Visitors on a daily basis: Average \_\_\_\_\_ Maximum \_\_\_\_\_
- Explain all YES answers: \_\_\_\_\_

**WAREHOUSES NOC CLASS INFORMATION**

Complete the following questions ONLY if selecting Warehouses NOC Class

1. Number of years operating a Warehouse operation \_\_\_\_\_
2. Indicate type of goods stored:
  - Cold/Refrigerated Products - what percent is cold storage? \_\_\_\_\_ %
  - Containerized Freight  Public (pay charges to store)
  - Private (storing own goods)  Bonded (imported goods)
  - Other - describe: \_\_\_\_\_
3. Does the warehouse have sales or sell merchandise to the public? Yes  No
4. Is the warehouse locked after hours? Yes  No
5. Are goods delivered after hours to warehouse? Yes  No
6. Do you have any railroad sidetrack agreements? Yes  No

**AUTO REPAIR OR SERVICE SHOP CLASS INFORMATION**

Complete the following questions ONLY if selecting Auto Repair or Service Shop Class

1. Number of years operating garage/repair shop: \_\_\_\_\_
2. Revenue generated from performing service of vehicles other than company owned:
 

Location 1: \$ _____	Location 2: \$ _____	Location 3: \$ _____
# Units Served Annually _____	_____	_____
# of Service Bays _____	_____	_____
3. 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 _____ %
4. Indicate percentage of work performed off premises: \_\_\_\_\_ %
5. Hours of operation for repair/service operation \_\_\_\_\_ Number of days \_\_\_\_\_
6. Is the repair/service facility locked after hours?  Yes  No
7. 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 _____ %
8. Are the mechanics ASE certified? Yes  No 

If no, number of years of training and experience you require: \_\_\_\_\_
9. 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
10. If you complete FMCSA annual vehicle inspections, has inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? Yes  No
11. Are any vehicles held for sale at any of the locations? Yes  No
12. Do you sell new or used tires? Yes  No
13. Do you recap tires? Yes  No
14. Do you have a parts store? Yes  No
15. Do you operate a salvage yard? Yes  No
16. Do you have hoists/lifts? Yes  No

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 17. Is customer's vehicle stored overnight in an enclosed or locked location?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are keys stored in a secure location where access is restricted to authorized personnel only?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are customers allowed in service areas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are they escorted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are signs posted to warn customers that shop is not responsible for any items left inside their vehicles?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you loan or lease vehicles to customers while their autos are being serviced?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how often? _____  |                          |                          |
| 22. Do you repossess autos?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, do you contract it out?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is any part of your operation a self-service auto repair shop?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are gas pumps available to the public?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 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"/> |
| 26. Are any guarantees or warranties offered on parts or labor for jobs performed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. 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"/> Test Drive |                          |                          |
| <input type="checkbox"/> Customer Pre-Approval of Repairs   |                          |                          |
| 28. How are used tires, automotive fluids, batteries, motor oil, and soiled uniforms and rags disposed of?                          |                          |                          |
| _____   |                          |                          |
| 29. How are solvents and flammables stored and properly disposed of?  |                          |                          |
| _____   |                          |                          |
| 30. What hazardous materials are stored on premises? _____  |                          |                          |
| _____   |                          |                          |
| 31. 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?  |                          |                          |
| _____   |                          |                          |
| 32. 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	# Violations 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