

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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www.scottsdaleins.com

## Truckers/Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. **Are you a:**             Common             Contract Carrier

If contract, who do you haul for? \_\_\_\_\_

2. **Number of vehicles:**      Owned: \_\_\_\_\_      Not owned, operating on your behalf: \_\_\_\_\_

Are the vehicles licensed? .....  Yes  No

3. **Is there an established equipment maintenance program?** .....  Yes  No

4. **Radius of operation (in miles):** \_\_\_\_\_

States in which you operate: \_\_\_\_\_

5. **Any oversize/overwide permits required?** .....  Yes  No

If yes, please explain: \_\_\_\_\_

6. **Do you have an ICC or a PUC filing outstanding?** .....  Yes  No

7. **Are you doing any of the following?**

Crane Services       Courier: what do you deliver? \_\_\_\_\_

Emergency/non-emergency medical transportation       House Moving       Public Livery       Truck Brokering

8. **Commodities hauled:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chemicals                     | <input type="checkbox"/> Gasoline/Oil          | <input type="checkbox"/> Mobile Homes            |
| <input type="checkbox"/> Coal                          | <input type="checkbox"/> Heavy/Oversized Loads | <input type="checkbox"/> Oil Field Equipment     |
| <input type="checkbox"/> Explosives                    | <input type="checkbox"/> Household Furniture   | <input type="checkbox"/> Tires                   |
| <input type="checkbox"/> Flammable Materials           | <input type="checkbox"/> Liquor                | <input type="checkbox"/> Tobacco                 |
| <input type="checkbox"/> Garbage/Rubbish (commercial)  | <input type="checkbox"/> LPG                   | <input type="checkbox"/> Toxic/Hazardous Waste   |
| <input type="checkbox"/> Garbage/Rubbish (residential) | <input type="checkbox"/> Medical Waste         | <input type="checkbox"/> Other (describe): _____ |

9. **Do you operate a warehouse?** .....  Yes  No

If yes, location: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.

Do you store flammable or toxic substances? .....  Yes  No

Is this a cold storage warehouse? .....  Yes  No

Mini-warehouse? .....  Yes  No

**10. Other operations:**

Own or operate a landfill or dump? .....  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, describe: \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

**11. Do you subcontract any operations? .....**  Yes  No

If yes, description of operations subcontracted: \_\_\_\_\_  
 Annual cost of subcontracting: \$ \_\_\_\_\_  
 Is evidence of insurance obtained? .....  Yes  No  
 Are you included as an additional insured? .....  Yes  No  
 Minimum limits subcontractors are required to carry: \_\_\_\_\_

12. Information for:	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

**13. Does applicant have other business ventures for which coverage is not requested? .....**  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_