

**Commercial General Liability Quick App for Truckers**

(Class Code 99793 Only)

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_

Prior GL Carriers: \_\_\_\_\_ Prior GL Losses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Tractors: \_\_\_\_\_ Radius: \_\_\_\_\_

Commodities Hauled : \_\_\_\_\_

**\*\*Not available on auto haulers, mobile home haulers or household goods movers.**

Payroll (excluding drivers, clerical and outside salesmen but including actual payroll for mechanics and warehouse employees): \_\_\_\_\_

Limits Requested: \_\_\_\_\_

Any Additional Insureds? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide name and address of each Additional Insured.

Is the applicant doing any loading or unloading?	Yes _____	No _____
Is the applicant hauling any hazardous materials?	Yes _____	No _____
Does the applicant rent or lease owned vehicles?	Yes _____	No _____
Does applicant perform service work on non-owned vehicles?	Yes _____	No _____
Does applicant perform appliance delivery or installation?	Yes _____	No _____
Does applicant engage in any rigging operations?	Yes _____	No _____
Do you use independent contractors**?	Yes _____	No _____

**\*\*owner-operators are not defined as independent contractors under this program**

Agency Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_