

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

General: (516) 431-9191

Underwriting: (516) 431-6200 • Fax: (516) 431-0488

370 West Park Avenue, Long Beach, NY 11561-9004

www.dcwhiteagency.com

Trucker's General Liability Application

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

Is this an application for a quotation? Yes No

Is this an application for a bound policy? Yes No
If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: () _____ E-Mail Address: _____ Fax No.: () _____

List commodities carried: _____ Years in Business: _____

Fully describe your operation: _____

Current Auto Liability Insurer: _____ Policy No.: _____ Exp. Date: _____

Limits of Insurance Requested

Each Occurrence Limit	\$ _____	**	
General Aggregate Limit (Other than Products/Completed Operations)	\$ _____	**	
Products/Completed Operations Aggregate Limit	\$ _____	**	
Personal and Advertising Injury Limit	\$ _____	**	Any One Person or Organization
Damage to Rented Premises Limit	\$ 100,000		Any One Premises
Medical Expense Limit	\$ 5,000		Any One Person

LOCATION INFORMATION List all offices, terminals, warehouses or other premises you own or lease. Use additional sheets if more than three locations.

Loc. No.	Complete Address	Describe Function of Location	Payroll ***	Owned	Leased
1.			\$	<input type="checkbox"/>	<input type="checkbox"/>
2.			\$	<input type="checkbox"/>	<input type="checkbox"/>
3.			\$	<input type="checkbox"/>	<input type="checkbox"/>

No.	Fenced	Security Guard(s)	Public Access	Lighted	Guard Dog(s)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Specify number of autos you own: _____ Specify number of autos you lease: _____

Are you involved in any business activity other than trucking? Yes No

If Yes, describe: _____

Do you do any rigging? Yes No If so, provide receipts, type of equipment, and describe types of jobs performed: _____

Do you have any underground or above ground storage facilities? Yes No If yes, provide capacity, type of products stored: _____

Do you have Pollution Liability insurance? Yes No If Yes, carrier and policy no.: _____

* A Federal Employer Identification Number is required for each corporate entity.

** Limit not to exceed \$1,000,000.

*** Complete and attach Trucker's G.L. Payroll Worksheet to determine payroll for each location. Insert totals in corresponding Payroll fields.

Do you sell any products, either wholesale or retail? Yes No

If Yes, describe: _____

Do you perform any installation functions? Yes No

If Yes, describe: _____

Loss Experience & Previous Carrier Information If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

Year	Carrier	Policy #	Premium	No. of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

EFFECTIVE DATE DESIRED: _____

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D.C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INsofar AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "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 MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

Name of Insured

Name of Broker

Signature of Insured

Date

Signature of Broker Licensee

Date

Title

Address of Broker

()

Broker's Phone Number

Co-Broker's Name, Address and Phone Number