

**Trucker General Liability Application – Class Code 99793**

- 1) Proposed effective date:
- 2) Insured Name:
- 3) Type:
- 4) Insured Mail Address:
- 5) Garaging Address (if different from insured mail address):
- 6) Number of Power Units:
- 7) Commodities/Materials hauled:
- 8) Radius:
- 9) Mechanic Payroll – If no mechanic payroll choose minimum from chart:
- 10) Number of Additional Insured's:
- 11) Blanket Additional Insured Endorsement: (yes or no)
- 12) Prior Carrier:
- 13) Any Losses:

No Loss Statement:

By clicking the below box the undersigned affirms that the named insured has not had any claims or instances that could give rise to a claim within the 36 month period preceding the desired effective date of coverage.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Insured Signature Broker Signature