

THIS SUPPLEMENTAL APPLICATION MUST ACCOMPANY THE HARCO NATIONAL TRUCKERS APPLICATION

1. Name: _____ Phone Number: _____

2. Date Coverage Desired: From _____ To _____ New Renewal Rewrite

COVERAGE PROVIDED WILL BE FOR TRUCKERS CLASS ONLY - CODE # 99793

COMPREHENSIVE GENERAL LIABILITY	LIMITS
GENERAL AGGREGATE	\$ _____ CSL
EACH OCCURRENCE	\$ _____ CSL
PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$ _____ CSL
PERSONAL AND ADVERTISING INJURY	\$ _____ CSL
FIRE DAMAGE LEGAL LIABILITY (\$50,000 is maximum avail. limit)	\$ _____ Any one Fire
PREMISES MEDICAL EXPENSE (\$5,000 maximum per person limit)	\$ _____ Each Person \$ _____ Each Acc.

4. Premises Information:

Loc. #	Bldg. #	Street, City, State Zip Code - <i>No P. O. Boxes</i>	Interest	Part Occupied

5. In the last three years has any insurance carrier canceled or refused to renew any coverages for which application is being made? Yes No

NOT APPLICABLE IN MISSOURI If Yes Explain: _____

6. Loss Experience for the last three years. If there have been no losses enter "None", do not leave blank:

INSURANCE CARRIER	FROM	TO	LOSSES	
			No.	Amount

7. Payroll Information:

CLASS	Number	Payroll
Executive Officers		\$ _____
Individuals and Co-Partners		\$ _____
Outside sales, mechanics, yard employees, terminal employees, dispatchers and other miscellaneous employees are to be included for 100% of their actual payroll. NOTE: PAYROLL FOR CLERICAL, INSIDE SALES AND DRIVERS IS EXCLUDED		\$ _____

APPLICANT NAME: _____

8. Exposure Information:

A. Describe all terminal operations for each location: _____

EXPLAIN ALL "YES" RESPONSES BELOW		YES	N O	EXPLAIN ALL "YES" RESPONSES BELOW		YES	NO
B	DO YOU KNOW OF ANY UNDERGROUND STORAGE TANKS ON ANY OWNED OR LEASED PROPERTY?			N	DO YOU CONTEMPLATE ANY STRUCTURAL ALTERATION OR DEMOLITION ACTIVITY?		
C	DO YOU PERFORM ANY VEHICLE REPAIRS ON VEHICLES OTHER THAN OWNED VEHICLES?			O	HAVE YOU BEEN ACTIVE IN OR ARE YOU CURRENTLY ACTIVE IN ANY JOINT VENTURES?		
D	DO YOU PERFORM ANY STORAGE OF NON-OWNED VEHICLES?			P	DO YOU LEASE ANY EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
E	DO YOU OWN OR OPERATE ANY SALES OPERATION SUCH AS FUEL OR CONVENIENCE TYPE STORES?			Q	ANY EXPOSURE TO RADIOACTIVE OR NUCLEAR MATERIALS?		
F	DO YOU PERFORM ANY BROKERAGE, FREIGHT FORWARDING OR CONSOLIDATION FOR OTHERS?			R	DO YOU INTERCHANGE LABOR WITH ANY OTHER BUSINESSES OR SUBSIDIARIES?		
G	DO YOU HAVE ANY PAST OR PRESENT OPERATIONS INVOLVING TREATING, DISCHARGING, APPLYING, DISPOSING OR TRANSPORTING HAZARDOUS MATERIALS?			S	IS THE PROPOSED NAMED INSURED EITHER A SUBSIDIARY OF ANOTHER ENTITY OR DO YOU OWN ANY SUBSIDIARY ENTITIES?		
H	DO YOU HAVE ANY NON-TRUCKING PRODUCTS/ COMPLETED OPERATIONS EXPOSURES?			T	ARE RECREATION FACILITIES PROVIDED?		
I	DO YOU SPONSOR ANY SPORTING OR SOCIAL EVENTS?			U	IS THERE A SWIMMING POOL ON THE PREMISES?		
J	DO YOU PROVIDE ANY MEDICAL FACILITIES OR EMPLOY OR CONTRACT WITH ANY MEDICAL PROFESSIONALS?			V	HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES IN LAST 3 YEARS?		
K	ANY OPERATIONS SOLD, ACQUIRED OR DISCONTINUED IN THE LAST 5 YEARS?			W	ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
L	DO YOU LOAN OR RENT ANY MACHINERY OR EQUIPMENT, OTHER THAN MOTOR VEHICLES TO OTHERS?			X	ANY PARKING FACILITIES OWNED OR RENTED? IF YES IS A FEE CHARGED FOR PARKING?		
M	ANY WATERCRAFT, DOCKS OR FLOATS OWNED, HIRED OR LEASED?						

Provide full detailed explanations for all Yes answers. _____

Attach additional page(s) as needed

9. Additional Interests/Certificate Recipients: To be added all Additional Interests must show the type of interest they have in the policy.

Name	Address	Certificate	Interest
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Agent _____ Insured Signature _____ Date _____