



**COMMERCIAL AUTO - MISSOURI
GENERAL LIABILITY APPLICATION SUPPLEMENT**

This application must be attached to the Commercial Auto Application.

Submission/Policy Number: _____ Proposed Effective Dates: FROM: _____ TO: _____

Name _____

INSURANCE HISTORY AND LOSS EXPERIENCE

1. Prior years insurance under business name: _____
2. Have there been any General Liability losses in the last 3 years? Yes No If yes, indicate losses below:

| Prior Carrier Effective Dates From - To | Prior Carrier Name | Policy Number | # Losses | Loss Amount | Description of Loss |
|---|--------------------|---------------|----------|-------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

LIMITS

General Aggregate \$ _____ Each Occurrence** \$ _____

Products-Completed Operations Aggregate \$ _____ Damage to Premises Rented to You \$ _____

Personal & Advertising Injury** \$ _____ Medical Expense (any one person) \$ _____

**These limits should be the same as the Auto Combined Single Limit or the Auto Per Accident Limit.

EMPLOYEE AND PAYROLL INFORMATION

| | Total Number | Payroll |
|--|--------------|---------|
| *Executive Officers | _____ | _____ |
| *Individual insureds and co-partners | _____ | _____ |
| Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll excluding clerical, inside sales, and drivers (unless categorized above) | _____ | _____ |
| TOTAL Actual payroll based on payroll developed in State of domicile | _____ | _____ |

*Use Northland filed annual individual payroll for Executive Officers and Individual Insureds or Co-partners.

UNDERWRITING INFORMATION

1. Fully describe the insured's operation. _____
2. Does the insured have any operations other than trucking, such as:
- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| a. Storage of goods of others (warehousing) | <input type="checkbox"/> | <input type="checkbox"/> | f. Freight forwarding, consolidation, or brokering | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Repair of vehicles or goods of others | <input type="checkbox"/> | <input type="checkbox"/> | g. Any sporting or social events sponsored | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Storage of vehicles of others | <input type="checkbox"/> | <input type="checkbox"/> | h. Farming operations | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Space leased to others | <input type="checkbox"/> | <input type="checkbox"/> | i. Any other business activities located at same premises | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sale of fuel or other products | <input type="checkbox"/> | <input type="checkbox"/> | | | |
3. Does the insured generate income from other activities besides the operation of the trucks? Yes No
4. Does the insured sign any contracts requiring the insured to assume the liability of another party? Yes No
5. Does the insured use mobile equipment on or off premises such as forklifts or backhoes? Yes No

Explain all YES answers. _____

Applicant's Signature _____

Date _____