



**COMMERCIAL AUTO  
GENERAL LIABILITY APPLICATION SUPPLEMENT**

This application must be attached to the Commercial Auto Application.

Submission/Policy Number: \_\_\_\_\_ Proposed Effective Dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Name \_\_\_\_\_

**LOCATION OF PREMISE**

Location	Address	Classification*
1		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
2		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service
3		<input checked="" type="checkbox"/> Truckers <input type="checkbox"/> Warehouses <input type="checkbox"/> Auto Repair & Service

**\*Must have Truckers (99793) class in order to select Warehouses NOC (99938) or Automobile Repair or Services Shop (10073) class(es).**

**INSURANCE HISTORY AND LOSS EXPERIENCE**

- Has insurance company canceled or nonrenewed your policy in the last 3 years? **(Missouri Applicants - Do not answer this question.)**     Yes     No    If yes, explain: \_\_\_\_\_
- Prior years insurance under business name: \_\_\_\_\_
- Have there been any General Liability losses in the last 3 years?     Yes     No    If yes, indicate losses below:

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

**UNDERWRITING INFORMATION**

- Fully describe the insured's operation. \_\_\_\_\_
- Do you 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"/>	j. Towing - Owned or for Others	<input type="checkbox"/>	<input type="checkbox"/>
- Do you generate income from other activities besides the operation of the trucks?     Yes     No
- Do you sign any contracts requiring the insured to assume the liability of another party?     Yes     No
- Do you sign any contracts requiring other parties to assume liability?     Yes     No
- Do you use mobile equipment on or off premises such as forklifts, backhoes or hand trucks?     Yes     No
- Do you loan or rent any machinery, equipment or motor vehicles to others?     Yes     No
- Are any of your vehicles unlicensed or not covered under an auto policy?     Yes     No
- Are there independent contractors hauling on your behalf?     Yes     No  
 If yes, do they carry General Liability coverage with limits equal to those being requested?     Yes     No
- Identify type of fire protection (functioning and properly maintained):  
 Sprinkler System     Smoke Detectors     Fire Extinguishers  
 Other - Describe: \_\_\_\_\_
- If you perform services on air conditioning/refrigeration units, do mechanics hold required certification where required by law?     Yes     No
- Identify type of security protection, if any:  
 Fenced     Security Cameras     Guard Dogs     Security Guards/Service  
 Other - Describe: \_\_\_\_\_

- Yes**   **No**
13. Are parking facilities and common areas free from defects and adequately lighted?
14. Are visitors allowed on the premises?
- Visitors on a daily basis:    Average \_\_\_\_\_    Maximum \_\_\_\_\_
- Explain all YES answers: \_\_\_\_\_
- 

**Complete the following questions ONLY if selecting Warehouses NOC Class**

15. Number of years operating a Warehouse operation \_\_\_\_\_
16. Indicate type of goods stored:
- Cold/Refrigerated Products - what percent is cold storage? \_\_\_\_\_ %
- Containerized Freight                       Public (pay charges to store)
- Private (storing own goods)                       Bonded (imported goods)
- Other - describe: \_\_\_\_\_
- |   | N/A                      | Yes                      | No                       |
|---|--------------------------|--------------------------|--------------------------|
| 17. Does the warehouse have sales or sell merchandise to the public?                    |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the warehouse locked after hours?  |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are goods delivered after hours to warehouse?                                       |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have procedures in place to assure proper warehousing of refrigerated goods? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have any railroad sidetrack agreements?                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> |

**Complete the following questions ONLY if selecting Auto Repair & Services Shop Class**

22. Number of years operating garage/repair shop: \_\_\_\_\_
23. Revenue generated from performing service of vehicles other than company owned:
- Location 1: \$ \_\_\_\_\_      Location 2: \$ \_\_\_\_\_      Location 3: \$ \_\_\_\_\_
- # Units Served Annually      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_
24. Indicate percentage of work on the following:
- |                   |         |                            |         |                        |         |
|-------------------|---------|----------------------------|---------|------------------------|---------|
| Truck Tractors    | _____ % | Tank Trailers              | _____ % | Farm Equipment         | _____ % |
| Semi-Trailers     | _____ % | Boom Trucks/ Bucket Trucks | _____ % | Construction Equipment | _____ % |
| Refrigerated Vans | _____ % | Service or Tow Trucks      | _____ % | Other                  | _____ % |
25. Indicate percentage of work performed off premises: \_\_\_\_\_ %
26. Hours of operation for repair/service operation \_\_\_\_\_ Number of days \_\_\_\_\_
27. Is the repair/service facility locked after hours?     Yes     No
28. Indicate percentage of work that is:
- |                            |         |                                 |         |                            |         |
|----------------------------|---------|---------------------------------|---------|----------------------------|---------|
| Body & Paint               | _____ % | Lube & Oil                      | _____ % | Frame                      | _____ % |
| Brakes                     | _____ % | Power Train                     | _____ % | Suspension                 | _____ % |
| Engine Overhaul            | _____ % | Radiator                        | _____ % | Tank Cleaning              | _____ % |
| Fabrication, Rebuild, Weld | _____ % | Refrigeration Unit              | _____ % | Tire Repair or Replacement | _____ % |
| FMCSA Safety Inspection    | _____ % | Repair Tank Trailers (external) | _____ % | Tune Up                    | _____ % |
| Hydraulics                 | _____ % | Subcontracted out to others     | _____ % | Wash & Detail              | _____ % |
| 5th Wheel                  | _____ % | Hitches                         | _____ % | Tire Recapping             | _____ % |
29. Are the mechanics ASE certified?     Yes     No
- If no, number of years of training and experience you require: \_\_\_\_\_
30. If employees drive extra-heavy trucks, truck tractors and semi-trailers away from the garage premises on public roadways, do they have the required Commercial Driver's License (CDL)?     Yes     No
31. If you complete FMCSA annual vehicle inspections:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Does the inspector understand the FMCSA inspection criteria?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has inspector mastered the methods, procedures, tools and equipment when performing an inspection?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does inspector have at least one year of training and/or experience consisting of:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (1) Participation in a manufacturing sponsored training program; or   |                          |                          |
| (2) Experience as a mechanic or inspector:  |                          |                          |
| - In a motor carrier maintenance program; or  |                          |                          |
| - In a commercial garage; or  |                          |                          |
| - For a State or Federal government   |                          |                          |

	Yes	No		
32. Are any vehicles held for sale at any of the locations?	<input type="checkbox"/>	<input type="checkbox"/>		
33. Do you sell new tires?	<input type="checkbox"/>	<input type="checkbox"/>		
34. Do you sell used tires?	<input type="checkbox"/>	<input type="checkbox"/>		
35. Do you recap tires?	<input type="checkbox"/>	<input type="checkbox"/>		
36. Do you have a parts store?	<input type="checkbox"/>	<input type="checkbox"/>		
37. Do you operate a salvage yard?	<input type="checkbox"/>	<input type="checkbox"/>		
38. Number of service bays _____				
39. Do you have hoists/lifts?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
40. Is customer's vehicle stored overnight in an enclosed or locked location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Are keys stored in a secure location where access is restricted to authorized personnel only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are customers allowed in service areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they escorted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are signs posted to warn customers that shop is not responsible for any items left inside their vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Do you loan or lease vehicles to customers while their autos are being serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often? _____				
45. Do you repossess autos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you contract it out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is any part of your operation a self-service auto repair shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you have any unused underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Are gas pumps available to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you sub-contract repair work to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you secure certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Are any guarantees or warranties offered on parts or labor for jobs performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Indicate steps in place to ensure that proper repairs are made and the vehicle is safe to return to the road:				
<input type="checkbox"/> Post Service Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service Manager Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Test Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Customer Pre-Approval of Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. How are used tires, automotive fluids, batteries, motor oil, and soiled uniforms and rags disposed of?				
_____				
53. How are solvents and flammables stored and properly disposed of?				
_____				
54. What hazardous materials are stored on premises? _____				
_____				
55. Do you work on vehicles that have been involved in accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what precautions are taken to protect workers from exposure to bloodborne pathogens?				
_____				
56. Indicate parts, equipment, and accessories you fabricate: _____				
_____				

**AUTO REPAIR AND SERVICE SHOP EMPLOYEES**

Name (Last, First, Middle)	Date of Birth	License Number	State	Past 3 Years		
				# Violations Minor	Major	# Accidents

**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.

**EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)**

Limits for Bodily Injury Accident each Accident/Disease each Employee/Disease per Policy (Disease per policy limit can not exceed GL Aggregate Limit)

- \$100,000/\$100,000/\$500,000
- \$500,000/\$500,000/\$500,000
- \$1,000,000/\$1,000,000/\$1,000,000
- \$2,000,000/\$2,000,000/\$2,000,000 (Truckers Class Only)

W.C. Carrier \_\_\_\_\_ W.C. Policy # \_\_\_\_\_ W.C. Effective Date \_\_\_\_\_

**EMPLOYEE AND PAYROLL INFORMATION**

Payroll Location	Total Number			Payroll Amount		
	1	2	3	1	2	3
Executive Officers/Individual Insured and Co-Partners						
Outside Sales, mechanics (for owned equipment), yard employees, terminal employees, dispatcher						
Clerical, inside sales, drivers						
Warehouse employees						
Other:						
Total Payroll						

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE