



# MARKEL SOUTHWEST UNDERWRITERS, INC.

## TRUCKERS/WAREHOUSE SUPPLEMENTAL APPLICATION

(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Are you a: Common Contract Carrier  
If contract, who do you haul for? \_\_\_\_\_

Age of drivers: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Are motor vehicle records checked prior to hiring drivers? Yes No

Number of vehicles: Owned \_\_\_\_\_ Not owned, operating on your behalf \_\_\_\_\_

Number of double trailers? \_\_\_\_\_

Is there an established equipment maintenance program? Yes No

Is there a formal safety program in place? Yes No

Radius of operation (in miles): \_\_\_\_\_

States in which you operate: \_\_\_\_\_

Any oversize/overwide permits required? Yes No

If yes, please explain: \_\_\_\_\_

Do you have an ICC or PUC filing outstanding? Yes No

Can applicant provide evidence of insurance for cargo and auto coverages? Yes No

### Commodities hauled:

Chemicals	Explosives	Flammable Materials	Timber/Logs
Gasoline/Oil	LPG	Medical Waste	Steel/Coal
Toxic/Hazardous Waste	Tires	Household Furniture	Tobacco
Garbage/Rubish	Heavy/Oversized Loads	Mobile Homes/Homes	Liquor

Other (describe): \_\_\_\_\_

### Other operations:

Own or operate a landfill? Yes No

Crane or towing service? Yes No

Own or operate an underground fuel tank? Yes No

Use aircraft? Yes No

Product assembly/installation? Yes No

If yes, please describe: \_\_\_\_\_

Warehousing? Yes No

If yes, location: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.

Other (describe): \_\_\_\_\_

Do you subcontract any operations? Yes    No  
 If yes, description of operations subcontracted: \_\_\_\_\_  
 Annual cost of subcontracting: \$ \_\_\_\_\_  
 Is evidence of insurance obtained? Yes    No  
 Are you included as an additional insured? Yes    No  
 Are there security systems for the warehouses? Yes    No  
 Are security guards provided? Yes    No  
 If yes, are they armed? Yes    No

Information for:	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent Name

\_\_\_\_\_  
 Agent License Number

*(Applicable in the state of Florida only.)*