



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Truckers/Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Are you a: [] Common [] Contract Carrier

If contract, who do you haul for? _____

2. Number of vehicles: Owned: _____ Not owned, operating on your behalf: _____

3. Is there an established equipment maintenance program? [] Yes [] No

4. Radius of operation (in miles): _____

States in which you operate: _____

5. Any oversize/overwide permits required? [] Yes [] No

If yes, please explain: _____

6. Do you have an ICC or a PUC filing outstanding? [] Yes [] No

7. Commodities hauled:

- [] Chemicals [] Explosives [] Flammable Materials
[] Gasoline/Oil [] LPG [] Medical Waste
[] Toxic/Hazardous Waste [] Tires [] Tobacco
[] Liquor [] Household Furniture [] Heavy/Oversized Loads
[] Garbage/Rubbish [] Mobile Homes [] Other (describe): _____

8. 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, describe: _____
Warehousing? [] Yes [] No
If yes, Location: _____ Area: _____ sq. ft.
Other (describe): _____

9. 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

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

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)