



CARRIER:

United States Liability Insurance Company

# Truckers Package Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

Please fill out the Instant Quote Information section, along with the section(s) you are requesting coverage.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:  Individual  Corporation  Partnership  LLC  Trust  Other \_\_\_\_\_

### Description of Operations:

How many years has the applicant been at the current location? \_\_\_\_\_

### Liability Section

Occurrence/Aggregate limit  \$1 million/\$2 million  \$2 million/\$2 million  \$2 million/\$5 million  
 \$3 million/\$3 million  \$4 million/\$4 million  \$5 million/\$5 million

- Total number of units (include owner operators as well as owned units): \_\_\_\_\_
- Does the applicant deliver and/or install appliances? (Does not include "business to business" transport to a warehouse or to a retail store for sale to the public.)  Yes  No
- Is the applicant a residential or commercial mover? (Includes piano and other specialty moving.)  Yes  No
- Do you want blanket additional insured coverage?  Yes  No
- Do you want a blanket waiver of recovery?  Yes  No

### Property Section

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft. (Not applicable for Vacant Condo or Vacant Leased Space)				
What is the total square footage owned or occupied by the applicant? _____ sq. ft.				
<b>Operations/Occupancy</b> (check all that apply): <input type="checkbox"/> General storage warehouse (no goods of others) <input type="checkbox"/> Office <input type="checkbox"/> Vehicle repair on premises (no vehicles of others) <input type="checkbox"/> Other _____				

<b>Building Limit:</b> \$ _____	<b>Coinsurance</b> (80% minimum) _____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>			
<b>Existing Improvements and Betterments Value</b> \$ _____	<b>Coinsurance</b> (80% minimum) _____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Personal Property Limit:</b> \$ _____	<b>Coinsurance</b> (80% minimum) _____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Income Limit:</b> \$ _____	<b>Coinsurance</b> _____ <u>or</u> _____	<b>Monthly Limit of Indemnity</b>	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

6. Is any portion of the building leased to commercial tenants?  Yes    No  
 If "Yes," applicable sq. ft. \_\_\_\_\_
7. Does the applicant lease any apartments at this location?  Yes    No  
 If "Yes," number of units \_\_\_\_\_ applicable sq. ft. \_\_\_\_\_

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Have there been any property or liability losses in the past three years?  Yes    No  
 If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**II. ELIGIBILITY CRITERIA**

9. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes    No
10. Has coverage been cancelled or non-renewed in the past three years?  Yes    No  
 If "Yes," explain: \_\_\_\_\_

**General Liability**

11. Does the applicant haul mix-in-transit, hot mix, bulk sealant or bulk dry cement?  Yes    No
12. Does the applicant own any pit, mine or quarry?  Yes    No
13. Does the applicant haul garbage, debris or refuse to a dump?  Yes    No
14. Does the applicant haul oversized loads?  Yes    No
15. Does the applicant haul hazardous materials or have permits/authority to haul hazardous material, including but not limited to the bulk hauling of petroleum-based products, chemicals, explosives, medical or laboratory waste, acids, alkaline, compressed gases, fracking material or grey water?  Yes    No
16. Does the applicant provide any ice or snow treatment/removal services?  Yes    No
17. Are there any locations in, or is there any loading, unloading or transfer of goods in Alaska, New Brunswick, Northwest Territories, Nunavut, or Quebec?  Yes    No
18. Does the applicant's operation involve any warehousing of goods of others?  Yes    No
19. Does the applicant's operation involve any rental, leasing or loaning of vehicles or equipment to others?  Yes    No
20. Does the applicant's operation involve any servicing or repair of vehicles or equipment owned by others?  Yes    No

21. Does the applicant's operations involve any rigging services?  Yes  No
22. Is the applicant involved with any towing operations including flatbed towing operations? (Vehicle transport trucks that deliver vehicles to a dealer or auction would be eligible.)  Yes  No
23. Does the applicant's operation involve the use of unlicensed vehicles or mobile equipment (including attached machinery)?  Yes  No

**Property**

24. Are all flammables stored in a fire-resistive cabinet?  Yes  No
25. Are all gas pumps protected by a vehicle or barrier stop?  Yes  No
26. For any building built prior to 1978, is 100% of the electric wiring on functioning and operating circuit breakers?  N/A  Yes  No
27. For any building built prior to 1978, is there any aluminum wiring or knob and tube wiring?  N/A  Yes  No
28. Are functioning and operational fire extinguishers available?  Yes  No
29. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?  Yes  No
30. Is smoking allowed in an automobile or gas pump area?  Yes  No
31. Are there any tax liens or back taxes owed on property?  Yes  No

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)