



**Professional Liability Long Haul
Trucking Supplemental
Application**

**PROFESSIONAL LIABILITY
Division**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

LONG-HAUL TRUCKING SUPPLEMENTAL APPLICATION

Agency Name:

1. Please provide the following information for the top 3 carriers used for long haul trucking coverages.

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

2. What percent of trucking clients are involved in transporting hazardous materials? ____%

3. Does the agency have any binding authority for any long-haul trucking related accounts? Yes No

4. Does the agency accept brokered long-haul trucking business? Yes No

5. Does the agency place any long-haul trucking business through a broker? Yes No
If **Yes**, please complete the following for the top 3 brokers used for long-haul trucking business:

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of LHT Experience</u>

6. If percentage of long haul trucking is under 5% of your business, please complete the following:

Name of accounts

What year did you first write this account

_____	_____
_____	_____
_____	_____

7. List agency staff that handle long-haul trucking accounts along with experience. **If more than 4 employees, please attach an additional sheet to provide information for all appropriate employees.**

Name	Yrs. of Long-Haul Trucking Experience	Position in Agency
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the Insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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. Penalties may include fines, imprisonment and denial of insurance benefits.

Applicant's Name:	Signature
Title:	Date: