



# 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.)*