



**BUSINESS AUTO APPLICATION**

*Entire application must be completed and signed.*

Call 800-342-5706  
 Fax 800-578-7758 • www.surplusins.com  
 Email quotes: submit@surplusins.com  
 P O Box 749, South Bend IN 46624-0749

**GENERAL INFORMATION**

Individual     Corporation     Partnership     LLC     Other \_\_\_\_\_

Name \_\_\_\_\_ Yrs. Applicant has been Operating Under Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Federal ID # or SSN \_\_\_\_\_ U.S. DOT Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Coverage Desired: FROM \_\_\_\_\_ TO \_\_\_\_\_

Garaging Location(s) if different: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Loss Control Services Contact Person Name \_\_\_\_\_ Contact's Phone ( ) \_\_\_\_\_

Loss Control E-Mail Address \_\_\_\_\_

**OWNER / PRINCIPAL / PRESIDENT**

Name (First, Middle, Last) \_\_\_\_\_ Title \_\_\_\_\_

SS # \_\_\_\_\_ Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

For Hire     Private     Other (Explain) \_\_\_\_\_

**Range of Transport**     Interstate     Intrastate

Percent of Trips: 0 - 75 Miles \_\_\_\_\_ 76 - 100 Miles \_\_\_\_\_ 101 - 300 Miles \_\_\_\_\_ 301 Miles + \_\_\_\_\_

Longest Trip One Way: \_\_\_\_\_ Miles

**OPERATIONS BEYOND 300 MILE RADIUS: Identify Metropolitan Areas Traveled Through Or Into**

- |  |   |                                       |   |                                       |   |
|--|---|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Atlanta         | <input type="checkbox"/> Cleveland        | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee      | <input type="checkbox"/> Orlando      | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Balt-Washington | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Mpls./St. Paul | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego      |
| <input type="checkbox"/> Boston          | <input type="checkbox"/> Denver           | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville      | <input type="checkbox"/> Phoenix      | <input type="checkbox"/> San Francisco  |
| <input type="checkbox"/> Buffalo         | <input type="checkbox"/> Detroit          | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> New Orleans    | <input type="checkbox"/> Pittsburgh   | <input type="checkbox"/> Seattle        |
| <input type="checkbox"/> Charlotte       | <input type="checkbox"/> Hartford         | <input type="checkbox"/> Louisville   | <input type="checkbox"/> New York City  | <input type="checkbox"/> Portland     | <input type="checkbox"/> Tampa          |
| <input type="checkbox"/> Chicago         | <input type="checkbox"/> Houston          | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Oklahoma City  | <input type="checkbox"/> Richmond     | <input type="checkbox"/> Tulsa          |
| <input type="checkbox"/> Cincinnati      | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha          | <input type="checkbox"/> St. Louis    | <input type="checkbox"/> _____          |

Cities other than above or regular routes \_\_\_\_\_

Description of Operations (Provide details on type of business and use of vehicles) \_\_\_\_\_

**YES NO**

1. Are filings required? If yes, complete **Filing Information** form. MC #: \_\_\_\_\_
2. Do you act as a broker or arrange loads for others?  
 If yes, provide Brokerage Name: \_\_\_\_\_ MC #: \_\_\_\_\_  
 Annual Brokerage Revenue: \$ \_\_\_\_\_
3. Is all equipment operated under the applicant's business scheduled on the application? If no, attach explanation.
4. Is all owned equipment scheduled on this application? If no, attach explanation.
5. Do you lease your vehicles to others? If yes, who must provide primary liability coverage?  You  Lessee

YES NO

6. Do you lease, rent, hire or borrow vehicles? If yes, do you provide the driver?  Yes  No  
**If yes, complete questions below and attach copy of lease agreement.** If no, skip to question #7.

A. On what basis are they leased?	<input type="checkbox"/> Permanent Basis	<input type="checkbox"/> Temporary/Trip Basis
B. Provide annual cost of hire or # of trips	_____	_____
C. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required	\$ _____	\$ _____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Describe types of vehicles rented, hired and leased. _____		

7. Do you pull doubles?  Yes  No Triples?  Yes  No

8. Any personal use of vehicles?  
 If yes, provide % and details. \_\_\_\_\_

9. Is any portion of your operation seasonal? If yes, explain. \_\_\_\_\_

10. Is there "for-hire" use of vehicles?  
 If yes, explain. \_\_\_\_\_

11. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.

12. Do you operate more than one location? If yes, provide the following:

Location(s)	# Units	Address, City, State

13. Is any vehicle modified or specially equipped?  
 If yes, explain modifications and purpose. \_\_\_\_\_

14. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.

15. Do you require use of escort vehicles?  
 If yes and escort vehicles are **not included** in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.  
 If yes and escort vehicles are **included** in this application, drivers of escort vehicles should be listed in the Driver Information section.

16. Do you haul over size, over weight loads? If yes, attach explanation.

17. Do any vehicles have a boom attached exceeding 60 feet in length?  
 If yes, complete Crane/Boom/Bucket Supplement.

18. Do you do any logging?  
 If yes, complete Logging Supplement.

19. Do you use non-owned autos? If yes, describe:  
 Frequency of use \_\_\_\_\_  
 Type of non-owned auto used \_\_\_\_\_

Do you require employees to have their own insurance?

Use Supplemental Application if additional space is needed for Driver Information, Insurance History, Schedule of Autos or Additional Interests.

**DRIVER INFORMATION – Must be completed for ALL drivers**

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	Past 3 Years		
						# Violations/ Convictions Minor	Major	# Accidents

**DRIVER LOSS HISTORY**

Driver Name (Last, First, Middle)	Date of Birth	Amount of Accident	Description

**DRIVER EMPLOYMENT HISTORY**

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

**DRIVER HIRING, TRAINING AND SAFETY**

- Which of the following is part of your driver screening/hiring process:
  - Employment background check
  - Criminal background check
  - Motor vehicle record (MVR) review
  - Pre-employment drug test
  - Road test
  - Other (describe) \_\_\_\_\_
- Which of the following is part of your driver performance management process:
  - Annual review of driver's driving record (MVR)
  - Periodic review of accidents/incidents
  - Incentives for violation-free and accident-free driving
  - Formal corrective action procedures
  - Driver safety training
- Do you adhere to a written vehicle inspection and maintenance program?  Yes  No  
If yes, describe or attach program. \_\_\_\_\_

**MILEAGE**

	Units	Mileage Per Unit	Total Mileage
Past 12 Months			
Next 12 Months			

**INSURANCE HISTORY & LOSS EXPERIENCE**

- Has an insurance company cancelled or non-renewed your policy in the last 3 years?  
(Missouri Applicants – Do not answer this question.)  
 Yes  No If yes, explain. \_\_\_\_\_
- Prior years insurance under business name: Primary Auto Liability \_\_\_\_\_ Physical Damage \_\_\_\_\_  
Cargo \_\_\_\_\_
- Have you ever had insurance under a different entity name?  Yes  No  
If yes, Entity Name: \_\_\_\_\_

4. Provide 3 years Prior Carrier Information. \*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

**SCHEDULE OF AUTOS**

All units you own or are leased to you must be scheduled and insured if filings are to be made.

To ensure Electronics (as defined by the policy), along with tarps, chains or binders are covered, include the value in each auto's stated value.

**FINANCED VALUE COVERAGE** The Stated Value of each auto must be **equal to or greater than** the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		
No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW			Radius	Owner's Name		

**\*Vehicle Type Legend**

CCT - Car Carrier Trailer	HOP - Hopper/Grain	PUP - Pup Trailer	TAP - Tanker Pneumatic/Dry Bulk
CON - Container (Intermodal)	LWF - Live/Walking/Floor	SEM - Semi Trailer	TAO - Tanker-Other
CUS - Curtain Side	LIV - Livestock	TAN - Tandem	NOC - Trailers Not Otherwise Classified
DOL - Dolly, Con Gear	LOG - Log	TAT - Tank Trailer	TRC - Tractors
DRP - Drop Deck, Gooseneck	LOW - Lowboy	TAA - Tanker Asphalt/Hot Oil	TRK - Trucks
DPS - Dump Side	MEQ - Mobile Equipment	TAC - Tanker Chemical/Acid	VAD - Van Trailer (Dry)
DPB - Dump Trailer (Bottom)	PU - Pickup	TAG - Tanker Gasoline/Fuel	REF - Van Trailer (Temp Control)
DPE - Dump Trailer (End)	PP - Private Passenger	TAL - Tanker LPG	
FLT - Flat Bed	PUL - Pull Trailer		

**ADDITIONAL INTERESTS**

**AI Type\*** AI – Additional Insured LP – Loss Payee LE – Employee as Lessor AL – Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	Zip Code

**COVERAGES**

- AUTO LIABILITY Limits: \$ \_\_\_\_\_ CSL
- EMPLOYERS NONOWNERSHIP LIABILITY # of employees \_\_\_\_\_
- HIRED AUTO LIABILITY Cost of Hire \_\_\_\_\_
- MEDICAL PAYMENTS Limits \_\_\_\_\_

PHYSICAL DAMAGE DEDUCTIBLES

Comprehensive \$ \_\_\_\_\_ OR  Specified Causes of Loss \$ \_\_\_\_\_  
 Collision \$ \_\_\_\_\_

CARGO

Limit \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_  
Commodity \_\_\_\_\_

RENTAL REIMBURSEMENT

Selected Units OR  All Units Amt. Per Day \$ \_\_\_\_\_ Days of coverage: \_\_\_\_\_

**UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS**

UNINSURED MOTORIST \_\_\_\_\_  
 UNDERINSURED MOTORIST \_\_\_\_\_  
 PERSONAL INJURY PROTECTION \_\_\_\_\_

Coverage and limit choices in this section are for quoting purposes only. A separate Northland Insurance Company Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Application(s) must be completed and signed by the applicant when binding coverage.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**Iowa, Illinois, New Mexico, Oregon, Washington and Wisconsin:** The signing of this application does not bind the company to offer, nor the applicant to purchase, the insurance. It is agreed that this application, including any material submitted in conjunction with the application or any renewal, shall be the basis of the insurance and shall be considered physically attached to and part of the policy issued. The company will have relied upon this application, including any material submitted therewith, in issuing the policy.

**FRAUD STATEMENTS**

**ARKANSAS, LOUISIANA, NEW MEXICO AND VERMONT:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

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**SIGNATURES**

I authorize Northland Insurance Companies to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

**Disclosure:** In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. The credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

I authorize Northland Insurance Companies to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Northland Insurance Companies.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

**State Notices:**

**Montana:** A single loss is among the insurance company's criteria for nonrenewal.

**South Carolina:** The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the first 90 days, the insurer can only cancel this policy for reasons stated in the policy.

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APPLICANT'S SIGNATURE

DATE

APPLICANT'S TITLE

---

APPLICANT'S PRINTED NAME

---

PRODUCER'S SIGNATURE

PHONE #

FAX #

---





SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

INDIANA

(To be completed and signed by Named Insured)

Name

Address

UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death and for injury to or destruction of property. An uninsured motor vehicle means a motor vehicle that has no liability insurance, has insurance that is not in compliance with applicable financial responsibility requirements or whose insurer is insolvent. Refer to your policy for prevailing coverage provisions.

Underinsured Motorists Coverage provides protection for persons insured under the policy who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness or disease, including death. An underinsured motor vehicle means a motor vehicle for which the available limits of bodily injury liability coverage are less than your policy's limits of Underinsured Motorists Coverage at the time of the accident, but does include an uninsured motor vehicle. Refer to your policy for prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists Coverage for bodily injury ("UMBI") and Uninsured Motorists Coverage for property damage ("UMPD") in limits equal to your policy's liability limits and Underinsured Motorists Coverage for bodily injury ("UIM") in limits equal to your policy's liability limits, unless you make a rejection or selection of other limits below. The automatic Uninsured Motorists Coverage and Underinsured Motorists Coverage limits will be either split (each person/each accident and each accident for UMPD) or a single limit (each accident), consistent with the liability limits on your policy.

[If this is a renewal policy, the limits and options elected for the UMBI, UMPD and UIM of your expiring policy will apply for the renewal policy unless you make a different election below.]

Please indicate your desired Uninsured Motorists Coverage (UMBI and UMPD) below:

1. [ ] I reject both UMBI and UMPD.

2. [ ] I reject UMPD and select UMBI at the following limits:

[ ] Minimum Financial Responsibility limits of \$25,000 each person/\$50,000 each accident, or \$50,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

[ ] Other limits which are not less than the minimum limits nor greater than the policy's bodily injury liability limits (Specify Limit):

[ ] \$ 100,000 each accident

[ ] \$ 500,000 each accident

[ ] \$ 250,000 each accident

[ ] \$ 750,000 each accident

[ ] \$ 300,000 each accident

[ ] \$ 1,000,000 each accident

[ ] \$ 350,000 each accident

[ ] \$ \_\_\_\_\_

3.  I select UMBI and UMPD at the following limits:

Minimum Financial Responsibility limits of UMBI at \$25,000 each person/\$50,000 each accident and UMPD at \$10,000 per accident, or UMBI and UMPD at \$60,000 each accident. The Uninsured Motorists Coverage limits will be either split (each person/each accident/each accident) or a single limit (each accident), consistent with the liability limits on your policy.

Other limits which are not less than the Minimum Financial Responsibility Limits nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ \_\_\_\_\_

4. UMPD will not be subject to a \$300 deductible unless you elect it below. *[However, if this is a renewal policy, the deductible option elected for UMPD for your expiring policy will apply for the renewal policy unless you make a different election below.]*

I select UMPD subject to a \$300 deductible.

[  I no longer want my UMPD to be subject to a \$300 deductible.]

**Please indicate your desired Underinsured Motorists Coverage (UIM) option below:**

1.  I reject UIM.

2.  I select UIM at limits of \$50,000 each person/\$50,000 each accident or \$50,000 each accident. The Underinsured Motorists Coverage limits will be either split (each person/each accident) or a single limit (each accident), consistent with the bodily injury liability limits on your policy.

3.  I select UIM at limits which are not less than \$50,000 each person/\$50,000 each accident or \$50,000 each accident, nor greater than the policy's liability limits (Specify Limit):

\$ 100,000 each accident

\$ 500,000 each accident

\$ 250,000 each accident

\$ 750,000 each accident

\$ 300,000 each accident

\$ 1,000,000 each accident

\$ 350,000 each accident

\$ \_\_\_\_\_

I understand that the coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.



**BUSINESS AUTO PROGRAM  
CRANE/BOOM/BUCKET TRUCK  
SUPPLEMENTAL APPLICATION**

**To be completed for vehicles with booms exceeding 60 feet in length.  
(Coverage can not be bound unless the supplement is completed and accompanies the application.)**

Insured's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Please provide complete and thorough explanation of insured's operations and use of vehicles.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicle Description**

Year	Make	GVW	Boom Length	Radius of Operation

**Driver Experience Operating Above Vehicles or Similar Type and Size Vehicles**

Name	Age	Years Experience

Have the boom truck drivers received any safety training for the operation of the boom?

Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the insured have a GL policy currently in force covering these vehicles?  Yes  No  
If no, account is not eligible.

Does the insured have any losses associated with the above vehicles, including Auto and GL?  Yes  No  
If yes, provide details below.

Has the insured canceled/non-renewed in the past 3 years due to Auto or GL losses?  Yes  No

Date of Loss	Amount of Loss	Description of Loss