

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

TRUCKERS GENERAL LIABILITY SUPPLEMENT (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):								
Location Address Street Cir		City	County	y State ZIP Code		e		
BUS	INESS INFORMATIO	N						
1.	Number of years' exp	erience as a co	ntractor:					
2.	# of Owners: Gross Sales: \$							
3.	# of Employees: Employee Payroll: \$							
4.	Receipts for previous three years:							
•	Year 20 \$		Year 20	\$	Year 20	\$		
5.	Describe your operati	ons and cargo b	eing hauled:					
6.	Fleet size (units):							
7.	Radius of Operations:							
8.	Are there independent contractors hauling on your behalf?							
	If Yes, do they carry General Liability coverage with limits equal to those being requested?							
	EXPLAIN ALL "YES" ANSWERS BELOW						No	
9.	a. Are there any un	derground stora	ge tanks on any own	ed or leased prope	rty?			
	b. Do you sell fuel of	•						
		-	reight forwarding or o					
	•		operations involving	treating, discharging	ng, applying,			
	disposing or tran	. •						
	e. Do you haul cont		<u>-</u>					
	f. Do you loan or rent any machinery or equipment, other than motor vehicles, to others?							
	g. Are any of your vehicles unlicensed or not covered under an auto policy?							
	h. Do you perform any vehicle repairs on vehicles other than your own vehicles?i. Do you perform stevedoring or rigging operations?							
		_						
	j. Is Garage or Gark. Do you haul hous	•	erage needed:					
	I. Is there a New Y	-						
	m. Do you store god	•				H	П	
	n. Do you haul any		de loads?			Ī	\Box	
	•		construction sites?					
	Provide full detailed e					_		
10.	Do you haul any of th	_						
		-	onia, biotech product		-		-	
	•	•	s including fireworks,	•	,	, •		
		•	aceuticals, radioactiv		•	•	n sewage	
			ostances requiring au	ito nabinty nimits in (excess of \$1,00	0,000.		
	☐ YES ☐ Note of the second of	JINE OI (NESE IIS	ted commodities					
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IMPORTANT NOTICE DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES							
Applicant Signature	Title	Date					
Producer Signature	Date						
Producer Name and Address							