

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

Truckers Program Supplemental Application
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. List all offices, terminals, warehouses, garage locations or other premises you own or lease:

Loc No.	Complete Address	Describe Function of Location	Payroll	Owned (Check if applicable)	Leased (% of Bldg leased)
1			\$	<input type="checkbox"/>	%
2			\$	<input type="checkbox"/>	%
3			\$	<input type="checkbox"/>	%
4			\$	<input type="checkbox"/>	%
5			\$	<input type="checkbox"/>	%

2. Provide the following information for all locations:

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guard Dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lighted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Access	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guards	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radius of operation (in miles):					
States in which you operate:					
Any fuel storage and/or underground tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please indicate location number and provide details:

- a. Type of fuels stored: _____
- b. Is fuel for private use or sold to others? _____
- c. If sold to others, number of gallons sold annually: _____

3. **Type of carrier:** Common Carrier Contract Carrier

If contract, who do you haul for? _____

4. **Number of vehicles:** Owned: _____ Not owned but operated on your behalf: _____

Are the vehicles licensed? Yes No

5. **Any oversize/override permits required?** Yes No

If yes, please explain: _____

6. **Is there an established equipment maintenance program?** Yes No

7. **Are you doing any of the following?**

Bicycle Messenger Services

Courier: If so, what do you deliver? _____

Crane Services

House Moving

Public Livery

Tow Trucks

Truck Brokering

8. **Do you operate any mobile equipment, such as a backhoe, bobcat, bulldozer or forklift?** Yes No

If yes, please specify equipment operated: _____

9. **Commodities hauled:**

Chemicals

Gasoline/Oil

Medical Waste

Coal

Heavy/Oversized Loads

Mobile Homes

Explosives

Household Furniture

Oil Field Equipment

Flammable Materials

Liquor

Tires

Garbage/Rubbish (commercial)

Logging & Lumbering Products

Tobacco

Garbage/Rubbish (residential)

LPG

Toxic/Hazardous Waste

Other; describe: _____

10. **Do you do any rigging?** Yes No

If yes, please provide receipts, type of equipment, and describe the types of jobs performed: _____

11. **Other operations:**

Own or operate a landfill or dump? Yes No

Use aircraft? Yes No

Product assembly/installation? Yes No

If yes, describe: _____

Other; describe: _____

12. 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

Minimum limits subcontractors are required to carry: \$ _____

13. Other Insurance Information:

	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

14. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

FRAUD WARNING:

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 and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN THE STATE OF NEW YORK:

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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____