



TRUCKERS GENERAL LIABILITY – SUPPLEMENTAL QUESTIONNAIRE

- 1) Named Insured: _____
- 2) Premises address(es): _____

- 3) Description of Premises: _____

 - a) Any gas pumps or fuel tanks? Yes ___ No ___ Describe, if yes: _____
 - b) Vehicle storage for others? Yes ___ No ___ If yes, annual sales: _____
- 4) Payroll: (Do not include driver's payroll)
 - a) Terminal or warehouse \$ _____
 - b) Vehicle servicing or repair \$ _____
- 5) Vehicle Fleet: Power Units _____ Trailers _____
Where are they parked/stored? _____
Describe what is hauled: _____
Any goods stored at insured's premises? _____
If goods stored are of a hazardous nature, describe safety precautions: _____
- 6) Set-up, assembly or installation? Yes ___ No ___ Describe: _____
- 7) Other Operations:
 - a) Freight forwarders: () Yes () No Describe: _____
 - b) Towing: () Yes () No Describe: _____
 - c) Equipment operators, other than driving the trucks: () Yes () No Describe: _____

 - d) Airport or railroad premises exposure () Yes () No Describe: _____

 - e) Garbage or Rubbish hauling: () Yes () No Describe: _____
- 8) Subcontracted operations:
 - a) Subhaulers: () Yes () No Annual Costs: \$ _____ Insured's () or Subs () vehicles?
 - b) Any other operations: () Yes () No Describe: _____
- 9) Describe any unique, unusual or hazardous aspects of the insured's operations not previously mentioned above: _____

Applicant's Signature: _____ Date: _____