

**National Casualty Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 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

**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

**FOR HIRE TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION**  
 (Complete in addition to For-Hire Truckers Application)

Applicant's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)**

**LIMITS**

General Aggregate \$ \_\_\_\_\_ Each Occurrence \$ \_\_\_\_\_  
 Products-Completed Operations Aggregate \$ \_\_\_\_\_ Damage to Premises Rented to You \$ \_\_\_\_\_  
 Personal and Advertising Injury \$ \_\_\_\_\_ Medical Expense (any one person) \$ \_\_\_\_\_

**EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)**

Yes  No Limits: Bodily Injury by Accident each Accident ..... \$ \_\_\_\_\_  
 Bodily Injury by Disease each Employee ..... \$ \_\_\_\_\_  
 Bodily Injury by Disease per Policy ..... \$ \_\_\_\_\_

W.C. Carrier: \_\_\_\_\_ W.C. Policy No.: \_\_\_\_\_ W.C. Effective Date: \_\_\_\_\_

**EMPLOYEE AND PAYROLL INFORMATION**

	Total Number	Payroll
1. Executive Officers		
2. Individual insureds and co-partners		
3. Outside sales, mechanics, yard employees, terminal employees, dispatcher and other miscellaneous payroll excluding clerical, inside sales, and drivers (unless categorized above)		
4. TOTAL Actual payroll		

**INSURANCE HISTORY AND LOSS EXPERIENCE**

5. Has any insurance company canceled or nonrenewed your policy in the last three years? (Not applicable in Missouri) .....  Yes  No  
 If yes, explain: \_\_\_\_\_

6. Prior year's insurance was written under the business name of: \_\_\_\_\_

7. Have there been any General Liability losses in the last three years? .....  Yes  No  
 If yes, indicate losses below:

Prior Carrier Effective Dates From—To	Prior Carrier Name	Policy No.	No. of Losses	Loss Amount	Description of Loss

**EMPLOYEE AND PAYROLL INFORMATION**

8. Fully describe your operation: \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have any operations other than trucking, such as:

- a. Storage of goods of others (warehousing)? .....  Yes  No
- b. Repairs of vehicles of goods of others? .....  Yes  No
- c. Storage of vehicles of others? .....  Yes  No
- d. Space leased to others? .....  Yes  No
- e. Sale of fuel or other products? .....  Yes  No
- f. Freight forwarding, consolidation, or brokering? .....  Yes  No
- g. Any sporting or social events sponsored? .....  Yes  No
- h. Farming operations? .....  Yes  No
- i. Any other business activities located at same premises? .....  Yes  No

10. Do you generate income from other activities besides the operation of trucks? .....  Yes  No

11. Do you sign any contracts requiring you to assume the liability of another party? .....  Yes  No

12. Do you use mobile equipment on or off premises such as forklifts or backhoes? .....  Yes  No

Explain all yes answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**Refer to the application form for State Fraud Warnings.**

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

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