

Hartford Insurance Group General Liability Application

For Truckers (Quote Marine)

1. Policy Information

Agency/Broker		Policy Effective Dates	
		From:	To:
Name (First Named Insured)		Phone Number	
Other Named (if applicable)		Phone Number	
Other Named (if applicable)		Phone Number	
Other Named (if applicable)		Phone Number	
Street Address	City	State	County
Web site Address			
Entity is:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S Corp <input type="checkbox"/> Joint Venture <input type="checkbox"/> Not for profit <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			

2. Limits & Coverages

General Aggregate	Each Occurrence
\$	\$
Products-Completed Operations Aggregate	Personal & Advertising Injury
\$	\$
(Medical Expense any One Person and Other)	Other Coverage
\$	
Restrictions and/or Endorsements	

3. Schedule of Operations

Location	Classification	Class Code	Premium Base*	Exposure

*Rating and Premium Basis (P) Payroll - Per \$1,000/Pay (U) Unit - Per Unit (C) Total Cost - Per \$1,000/Cost
(A) Area - Per 1,000/Sq Ft (M) Admissions - Per 1,000/ADM (S) Gross Sales - Per \$1,000/Sales (T) Other

Truckers without Warehousing (99793) Additional Payroll and Employee Info:

Executive Officers*	Total Number	Payroll
Individual insured and co-partners	Total Number	Payroll
Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll excluding clerical, inside sales and drivers (unless categorized above)	Total Number	Payroll
TOTAL Actual payroll based on payroll developed in State of domicile	Total Number	Payroll

*Minimum of \$35,000 payroll for Executive & Officers needed for eligibility

4. Insurance History and Loss Experience

1. Has insurance company canceled or non renewed your policy in the last 3 years?

☐ Yes ☐ No

If yes, please explain: _____

2. Prior years insurance under business name: _____

3. Have there been any General Liability Losses in the last 3 years? ☐ Yes ☐ No If yes, indicate below:

Prior Carrier Effective dates: From - To	Prior Carrier Name	Policy Number (if available)	# Losses	Loss Amount	Description of Loss

5. Underwriting Information

1. Insured's operation: _____

2. Does the insured have any operations other than trucking, such as:

- | | | | |
|--|--|--|--|
| a. Storage of vehicles of others | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Freight forwarding, consolidation, or brokering | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Repairs of vehicles or goods of others | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, this contributes to what percent of your annual revenue? | _____ % |
| c. Storage of goods and others (warehousing) | <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Any sporting or social events sponsored | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Space leased to others | <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Farming operations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Sale of fuel or other products | <input type="checkbox"/> Yes <input type="checkbox"/> No | i. Any other business activities located at same premises | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Does the insured generate income from other activities besides the operation of trucks? ☐ Yes ☐ No4. Does the insured sign any contracts requiring the insured to assume the liability of another party? ☐ Yes ☐ No5. Does the insured use mobile equipment on or off premises such as forklifts? ☐ Yes ☐ No6. Does the insured use mobile equipment on or off premises such backhoes and/or cranes? ☐ Yes ☐ No

Explain all YES answers:

6. Applicant's Acknowledgement**Countrywide Fraud Statements**

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: 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.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

6. Applicant's Acknowledgement (continued)

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA APPLICANTS: 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 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.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCEACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: 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 APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: 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.

VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: 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.

6. Applicant's Acknowledgement (continued)

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature_____
Title_____
Print Name_____
Date_____
Producer's Signature_____
Title_____
Print Name_____
Date_____
License Identification Number or National Producer Number

(Florida Producers must Provide License Identification Number)
First State Insurance Company New England Reinsurance Corporation
Hartford Accident and Indemnity Company Nutmeg Insurance Company
Hartford Casualty Insurance Company Omni Indemnity Company
Hartford Fire Insurance Company Omni Insurance Company
Hartford Insurance Company of Illinois Pacific Insurance Company, Limited
Hartford Insurance Company of the Midwest Property and Casualty Insurance Company of Hartford
Hartford Insurance Company of the Southeast Sentinel Insurance Company, Ltd.
Hartford Lloyd's Insurance Company Trumbull Insurance Company
Hartford Underwriters Insurance Company Twin City Fire Insurance Company
New England Insurance Company

Please submit this proposal
and appropriate materials to your
underwriter or underwriting assistant