



**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: \_\_\_\_\_