

# MUSIC Truckers Supplemental Application



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

1. APPLICANT INFORMATION EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO

2.  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER (EXPLAIN) \_\_\_\_\_

3. Type Of Carrier:  Common  Private  Contract (For Whom) \_\_\_\_\_

4. Number Of Vehicles: Owned: \_\_\_\_\_ Non-Owned (Hauling On Your Behalf): \_\_\_\_\_

5. Radius Of Operation (In Miles): \_\_\_\_\_ States Where You Operate: \_\_\_\_\_

6. Do You Have An Equipment Maintenance Program:  No  Yes

7. Do you lease employees for duties other than driving?  No  Yes

a. If yes, provide payroll \$ \_\_\_\_\_

b. What are their duties? \_\_\_\_\_

8. Do you have direct employees for duties other than driving?  No  Yes

a. If yes, provide payroll \$ \_\_\_\_\_

b. What are their duties? \_\_\_\_\_

9. Are Any Oversize/Over-Weight Permits Required:  No  Yes - Explain: \_\_\_\_\_

10. Do You Have Any ICC or Hazardous Materials Filing Requirement:  No  Yes Provide ICC # \_\_\_\_\_

11. Please Check ( ✓ ) Any Commodities Hauled:

✓	Commodities	✓	Commodities	✓	Commodities
	Chemicals		Toxic/Hazardous Waste		Tobacco
	Explosives		Medical Waste		Household Goods/ Furniture
	Flammable Materials		Liquor		Mobile Homes
	Gasoline/Oil		Garbage/Rubbish		Heavy/Oversized Loads
	LPG/		Tires		Autos
	Other:				



MUSIC Truckers Supplemental Application

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

- 12. Do You Currently Carry Auto Liability Insurance?
13. Do You Subcontract Any Operations:
14. Do You Own Or Operate A Landfill
15. Do You Perform Crane Or Towing Services
16. Do You Own Or Operate An Above/Underground Fuel Tank
17. Do you own or operate a warehouse?
18. Do You Perform Any Product Assembly Installation

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_