



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



- 12. Do You Currently Carry Auto Liability Insurance? Yes No If Yes, What Limits _____
- 13. Do You Subcontract Any Operations: : No Yes
 - a. If Yes, Please Describe Operations Subcontracted: _____
 - b. Annual Cost Of Subcontracting: \$ _____
 - c. Are Certificates Of Insurance Obtained: No Yes
 - d. Are You Listed As An Additional Insured: No Yes
- 14. Do You Own Or Operate A Landfill Yes No
- 15. Do You Perform Crane Or Towing Services Yes No
- 16. Do You Own Or Operate An Above/Underground Fuel Tank Yes No
- 17. Do you own or operate a warehouse? Yes No
 - a. If YES, what is the area? _____
 - b. Are you the sole occupant of the warehouse Yes No
 - c. How many employees do you employ other than drivers? _____
 - d. What is the payroll of employees other than drivers? _____
- 18. Do You Perform Any Product Assembly Installation Yes No If Yes, Explain _____

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. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

Applicant Signature: _____ Date: _____

Producer Name: _____

Address: _____