MUSIC Truckers Supplemental Application



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

l.	APPLI NAM	icant inforn E:				EFFECTIVE DATE:					
	STREE	T ADDRESS:									
	CITY,	STATE, ZIP:									
	TELEPHONE:		WEBSITE:								
TER											
2.	П	NDIVIDUAL	CORPORATIO	ON		PARTNERSHIP O	THE	R (EXF	PLAIN)		
3.	Туре	Of Carrier:	Common	 Privat	e l	Contract (For Whom)					
l .	Numl	ber Of Vehicle	icles: Owned: Non-Owned (Hauling On Your Behalf):								
5.	Radiu	us Of Operation	on (In Miles): States Where You Operate:								
5 .	Do Yo	You Have An Equipment Maintenance Program: No Yes									
7. Do you lease employees for duties other than driving? \square No \square Yes											
	á	a. If ye	s, provide payroll \$_								
	ŀ	b. Wha	t are their duties?								
3.	Do yo	Do you have direct employees for duties other than driving?									
	á	a. If ye	s, provide payroll \$ _								
	ŀ	b. Wha	t are their duties?								
9.	Are A	re Any Oversize/Over-Weight Permits Required: No Yes - Explain:									
10.					Fili	ng Requirement: No	Yes	s Prov	ride ICC #		
11.		Please Check (√) Any Commodities Hauled:									
	√	Co	ommodities		√	Commodities		√	Commodities		
	Chemicals Explosives					Toxic/Hazardous Waste			Tobacco		
						Medical Waste			Household Goods/ Furniture		
		Flammable Materials Gasoline/Oil				Liquor			Mobile Homes		
						Garbage/Rubbish			Heavy/Oversized Loads		
		LPG/				Tires			Autos		

MSA025 (01/14) Page 1 of 2



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12.	Do You Curre	ently Carry Auto Liability Insurance?
13.		ontract Any Operations:
	a.	If Yes, Please Describe Operations Subcontracted:
	b.	Annual Cost Of Subcontracting: \$
	D.	
	C.	Are Certificates Of Insurance Obtained: U No U Yes
	d.	Are You Listed As An Additional Insured: No Yes
14.	Do You Own	Or Operate A Landfill Yes No
15.	Do You Perfo	rm Crane Or Towing Services Yes No
16.	Do You Own	Or Operate An Above/Underground Fuel Tank
17.	Do you own	or operate a warehouse?
	a.	If YES, what is the area?
	b.	Are you the sole occupant of the warehouse
	c.	How many employees do you employee other than drivers?
	d.	What is the payroll of employees other than drivers?
18.	Do You Perfo	rm Any Product Assembly Installation
informati misstated	ion contained d. I understar	pplication for accuracy before signing it. As a condition precedent to coverage, I hereby state that the I herein is true, accurate and complete and that no material facts have been omitted, misrepresented on that this is an application for insurance only and that the completion and submission of this bind coverage with any insurance company.
Appli	icant Signatur	e: Date:
Produ	ucer Name: _	
Addre	ess:	

MSA025 (01/14) Page 2 of 2