

# National Advantage Insurance Services, Inc.

CA License #0821992

TEL: (714) 505-1015

FAX: (714) 505-1025

## Lloyd's - Truckers General Liability Application

Quote or Bind

Broker Name & Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

dba (if any): \_\_\_\_\_  
Individual, Partnership, Corporation or Other: \_\_\_\_\_

Location Address \_\_\_\_\_  
Please submit a Schedule of Locations, if more than one.

Mailing Address \_\_\_\_\_  
Of First Named Insured, if different from Location Address.

Applicant Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Desired Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

Liability Limits: \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000 or \$1,000,000/\$2,000,000  
Is Terrorism Risk, per Act desired? No or Yes. Please submit LMA9004 form with application when requesting binding.

1. Description of Operations \_\_\_\_\_
2. Commodities Hauled: \_\_\_\_\_  
Do they transport any: Drilling Rigs; Hazardous Chemicals, Materials and/or Waste; Hot Shot; Houses; As a Household Goods Mover; Livestock; Mobile Homes; Passengers for Hire; and/or Ready Mix? No or Yes.  
Do they deliver Furniture? No or Yes  
Do they deliver, install, or set up any Home Appliances? No or Yes (if yes please explain) \_\_\_\_\_
3. Maximum Radius Of Operation \_\_\_\_\_ Do they operate outside the USA? No or Yes.
4. Number of years of Trucking Experience? \_\_\_\_\_
5. Is Automobile Liability carried on all of the vehicles? No or Yes Carrier \_\_\_\_\_
6. Do they operate as a Freight Forwarder or Truck Broker? No or Yes. If yes, please submit on full ACORD App.
7. Is there a Storage Warehouse to be covered? No or Yes. If yes, please submit on full ACORD Application.
8. Is applicant a subsidiary of another entity? No or Yes. Does applicant have any subsidiaries? No or Yes.
9. Has prior coverage been cancelled or non-renewed? or Yes. If yes, reason: \_\_\_\_\_
10. Rating Information: Number of Active Owners \_\_\_\_\_ Number of Inactive Owners \_\_\_\_\_  
Number of Power Units \_\_\_\_\_ Non-Driver Annual Payroll, Excluding Owners \$ \_\_\_\_\_  
Number of Additional Insured's to be named \_\_\_\_\_
11. Additional Insured(s) Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Year Prior General Liability Carriers and Loss Experience, last three years, with description of Claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Premium \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Fully Earned NAIS Broker Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
*25% of the Premium and Taxes plus 100% of the Broker Fee is Fully Earned. There are No Flat Cancellations.*

Note: Assault and Battery and Mold are Excluded.

Applicant Signature X \_\_\_\_\_

Date \_\_\_\_\_ Broker Signature X \_\_\_\_\_