

**ENERGY TRUCKING SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:	
Brokerage/Broker:	Broker Email:
Agency/Agent:	Agent Email:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	
Website:	

2) Current Carrier Information:

Carrier:
Limit of Insurance:
Deductible:
Premium:
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *A detailed description of your operations, brochures, etc. if a website is not available*

3) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Premise Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) Audit/Inspection contact: \_\_\_\_\_  
 a. Phone number: \_\_\_\_\_  
 b. Email: \_\_\_\_\_

6) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

a. If you are new in business, please describe your prior experience:

7) Please complete the following table for your receipts and payroll:

	Revenue	Payroll	Estimated Mileage
<b>Projected Year</b>			
<b>Last 12 Months</b>			
<b>1st Prior Year</b>			
<b>2nd Prior Year</b>			
<b>3rd Prior Year</b>			

8) Do you have hauling operations? Yes  No

a. If yes, what do you haul and for whom?

b. Do you haul any hazardous materials (hazmat)? Yes  No

c. Do you haul frac sand? Yes  No

d. Do you haul water to saltwater disposal wells? Yes  No

e. If yes to d., do you own or operate any saltwater disposal wells? Yes  No

9) Do you have any delivery operations?

a. If yes, what do you deliver and for whom?

b. Do you perform any smart device application or web enabled on-demand delivery or courier services? Yes  No

c. Do you deliver any hazardous materials (hazmat)? Yes  No

10) Do you have any For Hire trucking operations? Yes  No

a. If no, do you exclusively haul your own cargo? Yes  No

b. If no to 10) and a., please list the entity(ies) for whom you haul cargo:

11) Do you act as a freight forwarder, import consignee, broker or arrange loads for others? Yes  No

a. If yes, under what name are these operations conducted? \_\_\_\_\_

12) Do you utilize the services of Owner-Operators? Yes  No

a. If yes, how many? \_\_\_\_\_

b. Is a written agreement in place containing hold harmless and indemnification wording in your favor? Yes  No

c. Do you collect COIs from these operators? Yes  No

13) Do you have a written employee handbook or formal safety guidelines? Yes  No

a. How frequently are safety meetings held? \_\_\_\_\_

## HAZARDOUS MATERIALS *(complete only if you answered yes to question 8) b. or 9) c.)*

14) What class of Hazmat do you haul? Check all that apply:

- N/A (no hazmat)  Class 1 - Explosives  
 Class 2 - Gases (non-flammable, flammable & toxic)  Class 3 - Flammable & Combustible Liquids  
 Class 4 - Flammable Solids, Combustible Materials, Dangerous When Wet Materials  
 Class 5 - Oxidizers and Organic Peroxides  Class 6 - Toxic Materials and Infectious Substances  
 Class 7 - Radioactive Materials  Class 8 - Corrosive Materials  
 Class 9 - Miscellaneous Dangerous Goods (describe):

15) Have you ever been cited by the Federal Motor Carrier Safety Administration (FMCSA) for any violations of 49 CFR Parts 350-399, or subject to an investigation for possible violations? Yes  No   
If yes, please attach an explanation and copies of all pertinent documentation.

16) Have you ever had a serious hazmat incident requiring immediate telephone notification to the appropriate federal reporting agency (NRC, NTSB, DOT, CDC)? If yes, please attach an explanation and copies of all pertinent documentation. Yes  No

17) When was your written plans to address security risks related to the transportation of hazardous materials in commerce last updated? \_\_\_\_\_  
a. Are all employees trained in the security protocols pertinent to their role before they are allowed access to hazardous materials? Yes  No   
b. Have your plans been reviewed by an independent security consultant, law enforcement or federal agency, or legal counsel? Yes  No

18) Do you do your own monitoring of the emergency response telephone number on your shipping papers? Yes  No   
a. If no, do you have a valid, in-force contract with a service provider? Yes  No   
If yes, please list: \_\_\_\_\_  
b. If no to 19) and a., are shipping papers provided by another company who is responsible for the emergency response telephone number and hazard information (such as the product manufacturer)? Yes  No   
c. Do you retain shipping papers for no less than 12 months? Yes  No   
d. Do you ever sign certification for shipping papers which you have not prepared? Yes  No   
e. Where are shipping papers stored in vehicles? \_\_\_\_\_

## LOSS EXPERIENCE

19) Has any licensing authority ever taken action against you or any of your employees? **If yes, please attach an explanation and copies of any regulatory authority letters.** Yes  No

20) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No

21) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.* **If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.** Yes  No

22) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages accidents, (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes  No

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_