

Excess Transportation Supplemental Application

Broker: _____ Effective Date: _____

UL Coverages: _____ Limits Requested: _____

 Name Insured: ANI's (if app.):

 Mailing Address: Physical Address:

 City: State: Zip Code: Website:

Submission Includes: Acord Applications Trucking Supplemental (required) Exposure History (Units/Miles/Rev.)
 Vehicle Schedule 5 years currently valued Loss Runs Loss Summary Underlying Quotes

Description of Operations/Commodities:

Projected Exposures:

 Revenue: \$ Mileage: Unit Count: HNOA: \$ N/A
 Subhauler COH: \$ N/A TBL Revenue: \$ N/A

Radius of Operations (%): 0-50 51-200 201-500 >500

Unit Count: Private Passenger: Light Trucks: Medium Trucks: Heavy Trucks:
 Extra-Heavy Trucks: Heavy Tractors: Extra-Heavy Tractors: **Total:**

Expiring Info. (if applicable)

 Limit: Premium: \$ Exp. Unit#: Tgt Pricing: \$ Auditable: Yes No Other

FMCSA/SAFER: DOT#(s): DOT Rating:

Auto Liability Loss History:			# of
Year:	# Claims:	Total Incurred:	Units:
Current:	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
1st Year:	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2nd Year:	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3rd Year:	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4th Year:	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Liability Losses >\$100,000	
Date:	Total Incurred:
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Additional Notes:
 (including special endorsements, safety/technology information, SAFER corrective measures, etc.)