

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
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 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

**Truckers Program Supplemental Application**  
 (Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

**1. List all offices, terminals, warehouses, garage locations or other premises you own or lease:**

Loc No.	Complete Address	Describe Function of Location	Payroll	Owned (Check if applicable)	Leased (% of Bldg leased)
1			\$	<input type="checkbox"/>	%
2			\$	<input type="checkbox"/>	%
3			\$	<input type="checkbox"/>	%
4			\$	<input type="checkbox"/>	%
5			\$	<input type="checkbox"/>	%

**2. Provide the following information for all locations:**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Fenced</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Guard Dogs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lighted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security Guards</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Radius of operation (in miles):</b>					
<b>States in which you operate:</b>					
<b>Any fuel storage and/or underground tanks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please indicate location number and provide details:

- a. Type of fuels stored: \_\_\_\_\_
- b. Is fuel for private use or sold to others? \_\_\_\_\_
- c. If sold to others, number of gallons sold annually: \_\_\_\_\_

3. **Type of carrier:**  Common Carrier  Contract Carrier

If contract, who do you haul for? \_\_\_\_\_  
\_\_\_\_\_

4. **Number of vehicles:** Owned: \_\_\_\_\_ Not owned but operated on your behalf: \_\_\_\_\_

Are the vehicles licensed? .....  Yes  No

5. **Any oversize/override permits required?** .....  Yes  No

If yes, please explain: \_\_\_\_\_

6. **Is there an established equipment maintenance program?** .....  Yes  No

7. **Are you doing any of the following?**

Bicycle Messenger Services

Courier: If so, what do you deliver? \_\_\_\_\_

Crane Services

House Moving

Public Livery

Tow Trucks

Truck Brokering

8. **Do you operate any mobile equipment, such as a backhoe, bobcat, bulldozer or forklift?** .....  Yes  No

If yes, please specify equipment operated: \_\_\_\_\_  
\_\_\_\_\_

9. **Commodities hauled:**

Chemicals

Gasoline/Oil

Medical Waste

Coal

Heavy/Oversized Loads

Mobile Homes

Explosives

Household Furniture

Oil Field Equipment

Flammable Materials

Liquor

Tires

Garbage/Rubbish (commercial)

Logging & Lumbering Products

Tobacco

Garbage/Rubbish (residential)

LPG

Toxic/Hazardous Waste

Other; describe: \_\_\_\_\_  
\_\_\_\_\_

10. **Do you do any rigging?** .....  Yes  No

If yes, please provide receipts, type of equipment, and describe the types of jobs performed: \_\_\_\_\_  
\_\_\_\_\_

11. **Other operations:**

Own or operate a landfill or dump? .....  Yes  No

Use aircraft? .....  Yes  No

Product assembly/installation? .....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Other; describe: \_\_\_\_\_  
\_\_\_\_\_

12. Do you subcontract any operations? .....  Yes  No

If yes, description of operations subcontracted: \_\_\_\_\_

Annual cost of subcontracting: \$ \_\_\_\_\_

Is evidence of insurance obtained? .....  Yes  No

Are you included as an additional insured? .....  Yes  No

Minimum limits subcontractors are required to carry: \$ \_\_\_\_\_

**13. Other Insurance Information:**

	Auto Liability	Motor Truck Cargo
<b>Policy Number</b>		
<b>Insurance Carrier</b>		
<b>Limits of Liability</b>		
<b>Expiration Date</b>		

14. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**FRAUD WARNING:**

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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

**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 a denial of insurance benefits.

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

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 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 five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_