

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

The National Risk Solutions Team



Truckers Product

TRUCKERS PRODUCT SUPPLEMENTAL APPLICATION

Please complete an acord application and the below questions for the requested coverage part(s).
This supplemental application must be signed by the applicant.

1. Applicant's Name: _____

LIABILITY ELIGIBILITY QUESTIONS

- | | |
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| 2. Number of units:(Trucks) | _____ |
| 3. The applicant does not haul any mix-in-transit, hot mix, bulk sealant or bulk dry cement | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4. The applicant does not own a pit, quarry or mine | <input type="checkbox"/> True <input type="checkbox"/> False |
| 5. The applicant does not haul garbage, debris or refuse | <input type="checkbox"/> True <input type="checkbox"/> False |
| 6. The applicant is not a household goods mover (including piano or other specialty household goods) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 7. The applicant does not haul any oversized loads | <input type="checkbox"/> True <input type="checkbox"/> False |
| 8. No appliance delivery or installation | <input type="checkbox"/> True <input type="checkbox"/> False |
| 9. No hauling of hazardous materials whether or not a permit or authority to haul the material is required, including but not limited to the bulk hauling of petroleum based products, chemicals, explosives, medical or laboratory waste, acids, alkaline or compressed gases | <input type="checkbox"/> True <input type="checkbox"/> False |
| 10. No ice or snow treatment/removal services provided | <input type="checkbox"/> True <input type="checkbox"/> False |
| 11. No location or operations in Alaska or Louisiana | <input type="checkbox"/> True <input type="checkbox"/> False |
| 12. No more than 10 units | <input type="checkbox"/> True <input type="checkbox"/> False |
| 13. No operations involving the warehousing of goods of others | <input type="checkbox"/> True <input type="checkbox"/> False |
| 14. No rental, leasing, or loaning of vehicles or equipment to others | <input type="checkbox"/> True <input type="checkbox"/> False |
| 15. No repair or servicing of vehicle or equipment for others | <input type="checkbox"/> True <input type="checkbox"/> False |
| 16. No rigging operations | <input type="checkbox"/> True <input type="checkbox"/> False |
| 17. No towing operations | <input type="checkbox"/> True <input type="checkbox"/> False |
| 18. No use of unlicensed vehicles or mobile equipment (including attached machinery) | <input type="checkbox"/> True <input type="checkbox"/> False |

PROPERTY ELIGIBILITY QUESTIONS

- | | |
|---|--|
| 19. 100% of the wiring is on functional and operational circuit breakers | <input type="checkbox"/> True <input type="checkbox"/> False |
| 20. Any seasonal exposure is reviewed and accepted by Home Office | <input type="checkbox"/> True <input type="checkbox"/> False |
| 21. Functioning and operational fire extinguishers readily available | <input type="checkbox"/> True <input type="checkbox"/> False |
| 22. Functioning and operational smoke and/or heat detectors in all units and/or occupancies | <input type="checkbox"/> True <input type="checkbox"/> False |
| 23. No building with knob-and-tube or aluminum wiring | <input type="checkbox"/> True <input type="checkbox"/> False |
| 24. All flammables stored in a fire resistive cabinet | <input type="checkbox"/> True <input type="checkbox"/> False |
| 25. All gas pumps are protected by a vehicle or barrier stop | <input type="checkbox"/> True <input type="checkbox"/> False |
| 26. Applicant does not perform installation, service or repair work on trucks, trailers or tankers that are involved in hauling/transporting of waste, chemicals or hazardous materials | <input type="checkbox"/> True <input type="checkbox"/> False |

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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 of the third degree.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he 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.

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

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Read and Sign below: I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated.

Applicants Signature _____

Date _____