

Chubb Agribusiness Supplemental Application for INCIDENTAL LONG HAUL TRUCKING

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS APPLICATION FOR ANY COMMERCIAL POWER UNITS THAT REGULARLY OPERATE BEYOND A 200 MILE RADIUS FROM PRINCIPAL GARAGING LOCATION.

NOTE: REGULAR USE IS 2 OR MORE TRIPS PER MONTH.

A. Do not submit the auto portion of this account if the answer to any of the following is “YES”	Yes	No
1. Total # of power units regularly operating beyond 200 mile radius is more than 30% of total power units	<input type="checkbox"/>	<input type="checkbox"/>
2. Hauling goods for others on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>
3. Overnight Driving	<input type="checkbox"/>	<input type="checkbox"/>
4. Any power units include a sleeper cab	<input type="checkbox"/>	<input type="checkbox"/>
5. Any double or triple trailer hauling	<input type="checkbox"/>	<input type="checkbox"/>
6. Student Drivers or non-employed passengers	<input type="checkbox"/>	<input type="checkbox"/>
7. Any load carrying capacity for any unit greater than 45,000 lbs.	<input type="checkbox"/>	<input type="checkbox"/>
8. Commodities Hauled Include:		
Animals / Livestock	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum Products	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
Medical – Biohazardous	<input type="checkbox"/>	<input type="checkbox"/>
Waste or Refuse	<input type="checkbox"/>	<input type="checkbox"/>
Sand, Gravel, Rocks, Soil	<input type="checkbox"/>	<input type="checkbox"/>

B. If Answer to any of the following is “ YES” Please provide details below:	Yes	No
1. Does Applicant maintain a written driver hiring, training, safety & vehicle maintenance program. If yes, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant does not regularly review motor vehicle reports on all drivers	<input type="checkbox"/>	<input type="checkbox"/>
3. Are vehicles driven by anyone under 23 years of age or non-employees	<input type="checkbox"/>	<input type="checkbox"/>
4. Are vehicles owned by others (Employees or independent contractors) used for business of applicant. If yes, provide annual cost of hire.	<input type="checkbox"/>	<input type="checkbox"/>

Details:

Applicant Signature:

Date: