



LITCHFIELD SPECIAL RISKS, INC.

7016 Orizaba, El Paso, TX 79912

Toll Free Tel: 800-592-1027 Fax: 915-532-9973

<https://www.lsrinc.org/>

### TRUCKER'S GENERAL LIABILITY APPLICATION FOR INSURANCE

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

(if more than one, please add in separate schedule)

Mailing Address:  Same as Location \_\_\_\_\_

Years in business? \_\_\_\_\_ Years of experience in trucking? \_\_\_\_\_

Do you provide escort vehicle services?  Yes  No

Do you load and unload in Louisiana?  Yes  No

Any oversize/overweight permits required?  Yes  No

Do you subcontract any operations?  Yes  No

- Do you require your subcontractors to carry their own insurance & obtain a copy?  Yes  No

- Are you included as an additional insured?  Yes  No

Confirm no other operations or class codes at locations listed?  Yes  No

Confirm applicant will provide evidence of insurance for auto coverages at binding?  Yes  No

Commodities hauled: \_\_\_\_\_

Description of operations: \_\_\_\_\_

Payroll/Premium Basis:

Number of active owners/executive supervisors? \_\_\_\_\_

Number of power units? \_\_\_\_\_

Payroll:

- Dispatchers, mechanics, terminal and warehouse employees, Drivers load/unload \$ \_\_\_\_\_
- Drivers who do not load/unload & clerical \$ \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date