



Robert A. Schneider Agency
A Division of Risk Placement Services, Inc

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Commercial General Liability Quick App for Truckers

(Class Code 99793 Only)

Applicant's Name: _____

Mailing Address: _____

Garaging Address: _____

Prior GL Carriers: _____

Prior GL Losses: _____

Number of Tractors: _____

Radius: _____

Commodities Hauled : _____

**Not available on auto haulers, mobile home haulers or household goods movers.

Payroll (excluding drivers, clerical and outside salesmen but including actual payroll for mechanics and warehouse employees): _____

Limits Requested: _____

Any Additional Insureds? Yes _____ No _____

If yes, please provide name and address of each Additional Insured.

- | | | |
|--|-----------|----------|
| Is the applicant hauling any hazardous materials? | Yes _____ | No _____ |
| Does the applicant rent or lease owned vehicles? | Yes _____ | No _____ |
| Does applicant perform service work on non-owned vehicles? | Yes _____ | No _____ |
| Does applicant perform appliance delivery or installation? | Yes _____ | No _____ |
| Does applicant engage in any rigging operations? | Yes _____ | No _____ |
| Are certificates of insurance obtained from all independent contractors? | Yes _____ | No _____ |
| Any mobile equipment? | Yes _____ | No _____ |
| No operations involving the warehousing of goods of others | Yes _____ | No _____ |
| No more than 25 units | Yes _____ | No _____ |
| In the past 3 years, no more than 2 GL losses | Yes _____ | No _____ |
| Applicant is not a household goods mover | Yes _____ | No _____ |
| Applicant does not own any pits, mines or quarries | Yes _____ | No _____ |
| Applicant does not haul oversized loads | Yes _____ | No _____ |
| Applicant is not a garbage/debris/refuse hauler | Yes _____ | No _____ |
| Applicant is not a mix-in transit operation and does not haul Cement | Yes _____ | No _____ |
| No operations in Alaska or Louisiana. | Yes _____ | No _____ |

Agency Name: _____

Agency Phone: _____ Agency Fax: _____

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____