



Truckers Package Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Total number of units (include owner operators as well as owned units): _____

Full-time Employees _____ # Part-time Employees _____ (<30 hrs/week)

No appliance delivery or installation True False

Applicant is not a household goods mover (including piano moving or any other specialty household goods) True False

Do you want Blanket Additional Insured coverage? Yes No

Property Section

Construction: Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
 Modified Fire-Resistive Fire-Resistive Other _____

Protection Class: _____

Requested Cause of Loss: Basic Special

Requested Valuation: Replacement Cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Business Personal Property Limit \$ _____

Business Income & Extra Expense Limit \$ _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Property Coverages

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof _____yrs. Plumbing updated (yr)_____ Electrical Updated (yr)_____ Heating Updated (yr)_____

Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other _____

Plumbing Type: PVC Copper Lead Galvanized Other _____

What type of burglar alarm is on the premises? Central Station Local None

Building Owner Questions

Building Limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____sq. ft.

Is any portion of the building leased to commercial tenants? Yes No

If Yes, applicable sq. ft. _____

Does the applicant lease any apartments at this location? Yes No

If Yes, Number of Units _____ applicable sq. ft. _____

IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last 5 years True False

2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri) True False

If False, advise reason _____

General Liability

1. Applicant does not haul mix-in-transit, hot mix, bulk sealant or bulk dry cement True False

2. Applicant does not own any pit, mine or quarry True False

3. Applicant is not a garbage/debris/refuse hauler True False

4. Applicant will not haul oversized loads True False

5. No hauling of hazardous materials or no permits/authority to haul hazardous material, including but not limited to the bulk hauling of petroleum based products, chemicals, explosives, medical or laboratory waste, acids, alkalines or compressed gases True False

6. No ice or snow treatment/removal services provided True False

7. No locations or operations in Alaska or Louisiana True False

8. No operations involving the warehousing of goods of others True False

9. No rental, leasing, or loaning of vehicles or equipment to others True False

10. No repair or servicing of vehicles or equipment of others True False

11. No rigging operations True False

12. No towing operations True False

13. No use of unlicensed vehicles or mobile equipment (including attached machinery) True False

Property

1. All flammables stored in a fire resistive cabinet True False

2. All gas pumps are protected by a vehicle or barrier stop True False

3. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False

4. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring N/A True False

5. Functioning and operational fire extinguishers available True False

6. Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False

7. Business does not operate on a seasonal basis True False

V. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other _____

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Audit Contact Name: _____ Telephone/Email Address: _____

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 and Washington 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.

Applicant's Signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Submit by fax or email to the regional office that serves your primary location:



West

San Francisco, CA
Morgan Hill, CA
Redondo Beach, CA
Santa Clarita, CA
San Diego, CA

Fax: 415-955-1924
Fax: 408-778-6096
Fax: 310-372-1903
Fax: 661-297-7619
Fax: 760-737-7989

quotesSF@bgsurplus.com
quotesMH@bgsurplus.com
quotesRB@bgsurplus.com
quotesRB@bgsurplus.com
quotesSD@bgsurplus.com



Central

Conroe, TX
Dallas, TX

Fax: 800-338-8379
Fax: 800-338-8379

quotes@bgsurplustx.com
quotes@bgsurplustx.com



Midwest

Oakbrook, IL

Fax: 630-645-0501

prestipinof@bgsurplusmw.com



Northeast

Bedford, NH

Fax: 603-222-9017

quotesNH@bgsurplus.com



Southeast

Birmingham, AL
Lake Mary, FL

Fax: 205-323-1818
Fax: 407-833-9194

quotesAL@bgsurplus.com
submissions@bgsurplusse.com

All Regions

Garage Submissions

Personal Lines

Fax: 800-338-8379

Fax: 310-376-8570

garagesubs@bgsurplus.com

personalsubs@bgsurplus.com