



**SUPPLEMENT TO ACORD APPLICATIONS**

This supplemental application is not complete without the following ACORD application sections:

- ACORD 125 Commercial Insurance Applications
- ACORD 132 Truckers/Motor Carriers Section
- ACORD 137 State Specific Coverages/Limits Information
- ANY ADDITIONAL STATE SPECIFIC ACORD SUPPLEMENTS
- ACORD 126-S or N Commercial General Liability Section (if applicable)
- ACORD 127 Business Auto Section (if applicable)

(For cargo, racing program or public auto coverages use Carolina Casualty Insurance Company's specific applications.)

**1. GENERAL**

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

Address: \_\_\_\_\_  
Street City State Zip Code

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
 If you have not had insurance of the same type as currently being applied for in your own name for the past three years, complete the following:

Previous Employer	Address	Employment Dates	Type Vehicle	Loaded Weight	Radius of Operation
_____	_____	_____ to _____	_____	_____	_____

A 5% Discount is available when Truck Liability, Physical Damage and one other coverage are written together in one policy (except LA, MI, OK, & TX)

**2. OPERATIONS**

Do you operate on a regular route?  Yes  No

Describe usual route(s): \_\_\_\_\_ Largest City Entered \_\_\_\_\_ Radius \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

Estimated radius of non-trucking operation \_\_\_\_\_

Are any units leased to trucking concerns full-time?  Yes  No

If yes, to whom? \_\_\_\_\_  
Lessee's Name Address Term of Lease

If no, explain \_\_\_\_\_

Does your lease contain any Hold Harmless provisions?  Yes  No

Explain \_\_\_\_\_

**NOTICE**

If you lease your vehicle to another trucker, you may have agreed to indemnify and hold harmless that trucker for Third Party Bodily Injury and Property Damage. In order to fully protect yourself against claims of this nature, you may need to name the lessee as an additional insured.

Do you service equipment?  Yes  No If no, who does? \_\_\_\_\_

If hired car and/or nonowned auto coverage is requested, refer to separate Hired and Nonowned Supplemental Application.

Do you operate as a broker?  Yes  No If yes, in what name? \_\_\_\_\_

**3. DRIVER INFORMATION**

Do you maintain personnel files for each driver?  Yes  No  
 Do you require: Employment Application  Yes  No Annual Physical  Yes  No  
 Do you verify previous employment?  Yes  No  
 Do you allow passengers?  Yes  No If yes, explain \_\_\_\_\_  
 Are all employees covered by Workers Compensation?  Yes  No  
 Current Workers Compensation Carrier \_\_\_\_\_

**4. VEHICLE TYPE** - Indicate number of each type Vehicle operated.

TRACTORS		TRUCKS		SEMI-TRAILERS		FULL-TRAILERS	
Cabover	_____	Flatbed	_____	Dry Van	_____	Dry Van	_____
Conventional	_____	Straight Truck	_____	Refrigerated	_____	Refrigerated	_____
		Delivery/Step	_____	Soft Side	_____	Soft Side	_____
		Dump Truck	_____	Livestock	_____	Livestock	_____
		Pickup	_____	Flatbed	_____	Flatbed	_____
		Garbage Truck	_____	Pole/Logging	_____	Pole/Logging	_____
		Cement Truck	_____	Tanker	_____	Tanker	_____
		Reefer Truck	_____	Car Carrier	_____	Car Carrier	_____
				Bulk	_____	Bulk	_____
				Dollies	_____	Dollies	_____
				Unidentified	_____	Unidentified	_____

**5. GENERAL LIABILITY**

Describe any other business interest of the insured. \_\_\_\_\_

Does applicant loan or lease mobile equipment to others with or without drivers?  Yes  No  
 If yes, explain: \_\_\_\_\_

Describe all mobile equipment used on your premises. \_\_\_\_\_

Is any mobile equipment you own or rent used away from your premises?  Yes  No  
 If yes, explain: \_\_\_\_\_

Does the operation involve logging or lumbering?  Yes  No  
 If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
 Date Application Completed Applicant's Signature

Name & Address of Licensed Agent of the Company: _____ _____ _____	Federal ID # of Producer Listed on ACORD 125 # _____

**NOTICE TO FLORIDA APPLICANTS:**

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

\_\_\_\_\_  
 Applicant's Signature Date Application Completed

BROKERING AGENT'S REGISTER # \_\_\_\_\_

This application is in compliance with Section 626.752, Florida Statutes. A Copy has been furnished to the applicant or insured and coverage is  Bound Effective \_\_\_\_\_ (time) \_\_\_\_\_ (date);  Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent \_\_\_\_\_

Licensed Agent of the Company - Signature and ID # \_\_\_\_\_

**TEXAS AUTOMOBILE ONLY - CONSUMERS COUNTY MUTUAL PROXY**

**NOTICE TO TEXAS APPLICANTS REQUESTING AUTO LIABILITY AND/OR PHYSICAL DAMAGE COVERAGE:**

NOTICE OF PROXY AND POWER TO VOTE - CONSUMERS COUNTY MUTUAL INS. CO. POLICIES

I HEREBY APPLY TO THE ABOVE INSURANCE COMPANY FOR THE ABOVE SPECIFIED INSURANCE AND HEREBY APPOINT THE PRESIDENT AND VICE-PRESIDENT OF THE FOREGOING COMPANY, JOINTLY, WITH FULL POWERS OF SUBSTITUTION, TO BE MY LAWFUL PROXY AND ATTORNEY-IN-FACT, AND IN MY ABSENCE THEY ARE AUTHORIZED AND EMPOWERED TO VOTE FOR ME AT ANY MEMBERSHIP MEETING DURING THE LIFE OF THE INSURANCE CONTRACT AND/OR POLICY, OR ANY RENEWAL THEREOF, AND THIS PROXY SHALL REMAIN IN FORCE UNTIL REVOKED. THERE IS NO CONTINGENT LIABILITY. THE POLICY FOR WHICH I AM APPLYING FOR IS NON-ASSESSABLE. IT IS UNDERSTOOD THAT THERE SHALL BE NO LIABILITY AGAINST THE COMPANY UNTIL A DULY AUTHORIZED AGENT HAS APPROVED AND BOUND THE COMPANY FOR THE INSURANCE HEREIN APPLIED FOR.

Signature of Applicant x \_\_\_\_\_ Date \_\_\_\_\_ TIME \_\_\_\_\_  A.M.  P.M.

In compliance with 28 TAC §19.905, the undersigned agent hereby discloses to you that such agent is not authorized to bind coverage or to execute or issue a policy for Consumers County Mutual Insurance Company and shall not be considered an agent of Consumers County Mutual Insurance.

\_\_\_\_\_  
 Agent

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Consumer County Mutual Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Consumers County Mutual Insurance Company and coverage is bound by him.