

SUPPLEMENT TO ACORD APPLICATIONS

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

- ACORD 125 Commercial Insurance Application
- 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): _____
 From _____ To _____ Largest City Entered _____ Radius _____

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 # _____
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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.