

On all accounts we require a minimum of 4 completed years of Loss Runs with a Valuation Date within the last 2 months. Items needed:

- 1. ACORD 125 & ACORD 130
- 2. 4 TO 5 YEARS OF PRIOR CARRIER LOSS INFORMATION
- 3. RECENT FINANCIAL STATEMENT THAT INCLUDES THE BALANCE SHEET & INCOME STATEMENT

Insured's Name:			
Description of Operations:			
List any additional Named Insured's with a c	complete description o	f operations:	
List Commodities Hauled & %:			
Do you haul noxious, caustic, toxic, flammal	ble or explosive comn	nodities?	If yes, explain
Do the insured / drivers do any Loading or U What percentage?			
Do you utilize owner operators / independen			
How are the owner operators / independent of (Please give detailed explanation on type of			*
**Please note Occupational Accident is not Workers'  Historical Payroll for the last (5) five years:  Year: \$:	Year: Year:	\$: \$:	
The below section must be signed & dated: Agent's Signature: Agency Name:			