TOPA Insurance Company

TRUCKERS / WAREHOUSE SUPPLEMENTAL QUESTIONNAIRE

Name of applicant: _____

1. Are you a: ( ) Common ( ) Contract Carrier
   If contract, who do you haul for? _____

2. Number of vehicles owned: _____ Not owned, but operating on your behalf: _____

3. Is there an established equipment maintenance program? ( ) yes ( ) no
   Is the mechanic(s) your employee? If yes, need payroll $ _____

4. What are the commodities hauled?:
   ( ) Chemicals ( ) Explosives ( ) Flammable Material
   ( ) Gasoline / Oil ( ) LPG ( ) Medical /Toxic / Hazardous Waste
   ( ) Mobile Homes ( ) Tires ( ) Heavy / oversize loads
   ( ) Heavy Machinery / Equipment ( ) Household Furniture
   ( ) Garbage / Rubbish ( ) Other (describe) _____

5. Other operations:
   Own or operate a landfill? _____( ) yes ( ) no
   Crane or towing service? _____( ) yes ( ) no
   Own or operate an underground fuel tank? _____( ) yes ( ) no
   Any loading or unloading of railroad cars? _____( ) yes ( ) no
   Use aircraft? _____( ) yes ( ) no
   Use forklifts? _____( ) yes ( ) no
   Set-up, assembly or installation? _____( ) yes ( ) no
   Warehousing? ( ) yes ( ) no
   If yes, Location: _____ Payroll $ _____
   Household moving van & storage? _____( ) yes ( ) no
   Has access to construction job sites? _____( ) yes ( ) no

6. Do you subcontract any operations? _____( ) yes ( ) no
   If yes, describe operations subcontracted: _____
   Annual cost of subcontracting: $ _____
   Is evidence of Insurance obtained? _____( ) yes ( ) no
   Are you included as an additional insured on their liability policy?_____( ) yes ( ) no

Applicant's Signature _____ Date: _____