

Supplemental - Target Commodities Hauled and Ineligible Commodities**Target Commodities Hauled:**

If any of the commodities listed below are hauled, please select and enter the percentage of gross receipts.

☐ % Cable & Wire-- Fiber Optics

☐ % Other - Provide Details:

Target Commodities:

These commodities (referred to as "target commodities") may be added back to the list of scheduled/covered commodities, by way of the special commodity inclusion endorsement.

Theft coverage for these items will be sub-limited to \$50,000 with a \$5,000 deductible.

Ineligible Commodities:

The following commodities are ineligible for coverage under this program under any circumstances.

Agricultural Equipment	Oversized/Overweight Loads
Coiled Steel	Printing Presses
Contractors Equipment	Rigging (any property requiring)
Copper and Copper Products (Flatbed)	Swimming Pools, Spas & Hot Tubs
Machinery-- Heavy > 10,000 lbs (flatbed)	Trailers (New for delivery)
Machinery-- Light < 10,000 lbs (flatbed)	Transformers
Mobile Homes-- No Motor	Turbines
Oil Field-- Heavy Equipment	

Ineligible Commodities:

The following commodities are ineligible for coverage under this program under any circumstances:

Automobiles, Airbags, Boats, Motorcycles, Radioactive Materials, Pharmaceuticals, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, furs, fresh seafood, horticulture, machinery, equipment, coiled metals, on hook cargo, hanging meat, cargo transported by rail or air or water.

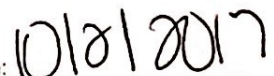
Applicant Signature

By signing below, Applicant hereby represents and warrants that Applicant has read, and fully understands, the provisions above regarding Target Commodities Hauled and Ineligible Commodities. Applicant further warrants that it has fully and completely disclosed all Target Commodities Hauled and selected same in the checklist above, along with providing accurate percentages of gross receipts as indicated. By signing below, Applicant further understands and agrees that there may not be coverage for any commodities hauled which are not disclosed in this Application as Target Commodities Hauled. Applicant also understands and agrees that there will be NO coverage for any commodities listed in the Ineligible Commodities section above.

Applicant Signature



Date:



Supplemental - Prior Applicant Experience**Prior Experience for Driver/Manager: (Enter the driver or current manager for whom the experience is begin entered.)**

Name:	Position Title:	DOB: (mm/dd/yyyy)
Experience Type: <input type="checkbox"/> Driving Only <input type="checkbox"/> Management Only <input type="checkbox"/> Both Driving and Management		Starting: (mm/dd/yyyy)

Prior Experience History**Prior Experience: (List most recent first)**

Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				
Company Name:	DOT or MC#:	Position Title:	Starting: (mm/dd/yyyy)	Ending: (mm/dd/yyyy)
Description of Work Performed: (e.g., type of equipment used, commodities hauled, specific duties)				

If Prior Experience includes transportation management experience, please provide additional details below.

Prior Management Experience

Please provide a brief description of past trucking management experience and specific management position(s) held.

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Applicant Signature

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the insurance company or its representative to verify the information provided above.

Applicant Signature: Date: 10/2/2017

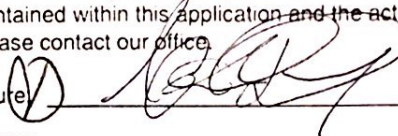
procure the insurance policy I am making application for. I also understand that failure to report completely and accurately may result in sanctions including but limited to voidance of the insurance policy, denial of claims and in civil or criminal penalties.

MVR DISCLOSURE NOTICE: In accordance with the Fair Credit Reporting Act (FCRA) your administrator and/or insurance company(s) may request limited consumer report information for purposes solely related to the underwriting and rating of insurance. The administrator and/or insurance company(s) may request MVRs for you or your driver(s) for the sole purpose of determining the insurability of your motor truck cargo legal liability insurance program. The contents of your driver's MVR(s) will be compared to the underwriting criteria of the motor truck cargo legal liability insurance carrier(s). By law no consumer report information acquired will be disclosed or provided to additional parties.

FRAUD NOTICE: Please Read Carefully!

Texas: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

DISCLAIMER: THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

Applicant Signature: 

Date:

10/2/2017

Applicant Printed Name: _____

Title:

Owner

Producers Information:

Contact: Juan Pereira

Agency: JLP Insurance Services LLC

Email: lp@jlpinsurancelc.com

Phone: 281-599-3741 **Fax:** 281-599-3840