



## SAND AND GRAVEL HAULING SUPPLEMENTAL APPLICATION

NOTE: For Excess GL only. Complete Trucking App for auto exposure

### SECTION A: Applicant Information

1. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Proposed Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time at Address of Applicant

### SECTION B: Business and Operations Information

1. Description of operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Years in business under current ownership: \_\_\_\_\_
3. Select which of the following best describes the Insured:  
☐ Common Carrier    ☐ Contract Carrier    ☐ Delivers Own Product  
☐ Other (please specify): \_\_\_\_\_
4. Does the Insured own or operate a quarry or gravel pit? ..... ☐ Yes ☐ No
5. Does the Insured either perform or subcontract blasting? ..... ☐ Yes ☐ No
6. Does the Insured transport waste material or construction debris? ..... ☐ Yes ☐ No
7. Does the Insured transport construction or heavy equipment for hire? ..... ☐ Yes ☐ No
8. Does the Insured transport concrete mix-in? ..... ☐ Yes ☐ No
9. Does the Insured haul material other than aggregate sand, gravel, rock, topsoil, or bark? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
10. Does the Insured perform functions other than set-up, assembly, mixing, or installation of goods delivered? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
11. Number of total units: \_\_\_\_\_
12. Please list the load size in percentage below:  
Percentage of Extra Heavy Loads: \_\_\_\_\_  
Percentage of Heavy Loads: \_\_\_\_\_  
Percentage of Medium Loads: \_\_\_\_\_  
Percentage of Small Loads: \_\_\_\_\_
13. Does the Insured operate any mobile equipment? ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
14. Does the Insured hold any CA Contractors License? ..... ☐ Yes ☐ No  
If yes, what is the license number? \_\_\_\_\_
15. Are all heavy trucks equipped with backup alarms? ..... ☐ Yes ☐ No
16. Are all drivers of heavy vehicles at least 25 years of age? ..... ☐ Yes ☐ No
17. Please detail your driver requirements regarding violations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Are any vehicles used by family members (other than employees): ..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

**SECTION C: Additional Insured**

1. Please complete the table below with the number of additional insured, if applicable, and details:

| Additional Insured Type                                     | # of (or N/A) | Details (or N/A) |
|-------------------------------------------------------------|---------------|------------------|
| Designated entity or person for whom Insured is hauling     |               |                  |
| Designated entity or person for whom Insured is sub-hauling |               |                  |
| Landlord, co-owner of premises                              |               |                  |
| Other (specify):                                            |               |                  |

**SECTION D: Notice and Signature**

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_