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COMPLETE FOR OPERATIONS NOT RELATED TO PRIMARY MOTOR CARRIER

o you ha	ave a separate name	ed insured	l(s) or company name(s) to	perform above operations?	□ Yes □ No
a. If YE	S, please complete	the follow	ring:		
Bus	iness Name:				
	lress:			FEIN#/SSN#:	
b. Pleas	e provide the follow	ving for a	ll operations NOT related t	o your PRIMARY MOTOR C	CARRIER contra
COMMO	DITY TYPE – Must equ	al 100%		RADIUS OF DELIVERY-Must	t equal 100%
%	FURNITURE	%	EXHIBIT & DISPLAY	0-50 M	ILES %
%	APPLIANCES	%	BUILDING MATERIALS	51-200 M	ILES %
		%	OTHER*	201 + MI	ILES %
For othe	r, please describe:			•	•
OT incl	uding the units you	currently	have or vehicles you will h	e adding to your policy for yo	ur other operatio
				les rented for less than 30 day	
		· · · · · · · · · · · · · · · · · · ·			s useu specificali
our othe	r operations: \$		Years in Bu	siness:	
s it your	intent to secure cov	erage for	operations NOT related to	vour PRIMARY MOTOR CA	ARRIER contrac
				J	
☐ Yes	□ No			•	
		f incuran	ce evidencing coverage for	•	
f NO, pr	ovide a <u>certificate o</u>		_	these other operations and ski	p questions 5 thr
f NO, pr f YES, d	ovide a <u>certificate o</u> o you require a cert	ificate of	insurance and additional in	•	p questions 5 thr
f NO, pr f YES, d	ovide a <u>certificate o</u>	ificate of	insurance and additional in	these other operations and ski	p questions 5 thr
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BASIS (INCLUDE YOURSELF, PARTNERS, FELLOW CORPORATE OFFICERS, SPOUSE, EMPLOYEES, AND ANY

SUBCONTRACTORS PAID BY 1099) FOR ANY AND ALL OPERATIONS.



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NAME	DUTIES*	PERCENTAGE OF OWNERSHIP	ANNUAL SALARY	FULL OR PART TIME	PAID BY W-2 OR 1099	Under 18 Y or N	Over 70 Y or N

*Duties: C – Contractor O – Corporate Officer P – Partner CL-Clerical H – Helper not qualified to drive CD – Co Driver who drives same unit with contractor FD – Fleet Driver who is a full time driver with own power unit and crew

AD – Additional Qualified Secondary Driver to a unit

^{*}Please attach a copy of your driver's license and a copy of all your employees' drivers license to this questionnaire.