

Southern General Agency, Inc

Application # 13003

TRUCKERS GENERAL LIABILITY

Omega/London

APPLICANT	
Name: _____	
DBA: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ Cell: _____	
FIN/SSN#: _____ DOB: ____ / ____ / ____	

AGENCY	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ Fax: _____	
Agent: _____	
Email: _____	

Principal Terminal: _____ Radius of Operation: _____
Years Continuous in This Type Business: _____ Limits of Commercial Auto Liability: _____ Carrier: _____
Present G L Insurance Carrier: _____ Years with Carrier: _____ G L Limits: _____
Vehicles Legally Owned By: _____ Location: _____
Carrier Type: _____ Common: _____ Contract Who do You Haul For: _____
Number of Tractors Owned /Operated: _____ Number of Trailers Owned/Operated: _____
LIMITS OF GENERAL LIABILITY NEEDED: \$ _____

EMPLOYEE INFORMATION

EMPLOYEE NAME	JOB CLASSIFICATION	GL CODE	INCOME

LIST ALL CLAIMS FOR LAST 3 YEARS

YEAR	EXPLANATION OF CLAIM	CARRIER NAME	AMOUNT OF CLAIM

Applicant Name _____ Signature _____ Date ____ / ____ / ____	Producer Name _____ Signature _____ Date ____ / ____ / ____
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AGENT COMMENTS: _____
