



Excess Auto Supplement

Phone: 818-264-0300 Fax: 818-264-0699

Policy Term From: _____ To _____

This application supplement is for an excess auto policy providing additional limits of liability coverage for bodily injury, property damage, or covered pollution cost or expense and will not provide any other types of coverage.

The excess auto policy will not provide uninsured motorists coverage, underinsured motorists coverage, no-fault coverage, medical payments coverage, first party personal injury protection coverage, garagekeepers legal liability coverage, physical damage coverage, auto in-tow coverage, first party property damage protection coverage or any other coverage similar to the foregoing, regardless of whether such coverage is provided by the "Primary Insurance".

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

COVERAGE INFORMATION

Total policy liability limits requested (primary and excess combined): _____

Will the primary policy be written with one of the above listed companies? Yes No

Do you require coverage on the excess policy that differs from the primary policy? Yes No

If Yes, explain: _____

Will all autos owned or operated be covered by the primary policy? Yes No

If No, explain: _____

Do you require all covered autos on the primary policy also to be covered autos on the excess policy?

Yes No If No, explain: _____

Primary garaging location(s): _____

FILING INFORMATION

Is an FHWA filing required? Yes No If yes, MC number: _____

Common Contract Broker Do you require FHWA cargo filing? Yes No

If you hold a Brokers license, identify name filed with FHWA, FHWA docket # and receipts from brokerage operations: _____

If you are an interstate regulated carrier, identify your registration or base state: _____

Is an intrastate filing needed? Yes No If yes, show state and permit number: _____

Show exact name and address in which permits are issued: _____

Is an MCS 90 endorsement needed? Yes No

Are the primary and excess policies to cover all vehicles owned, operated or under lease to applicant?

Yes No If No, explain: _____

Are oversized, overweight commodities hauled? Yes No If filing required, show states: _____

Does your authority allow for transportation of hazardous commodities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you allow others to haul hazardous commodities under your authority?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever changed your operating name?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you operate under any other name?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you enter Canada?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you enter Mexico?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you operate as a subsidiary of another company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own or manage any other transportation operations that are not covered?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you lease your authority?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you appoint agents or hire independent contractors to operate on your behalf?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you purchased, sold or applied for authority over the past 3 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is evidence/certificate(s) of coverage required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please explain any "Yes" answer to these questions: _____				

I acknowledge that I have read this application supplement and understand that:

THIS APPLICATION SUPPLEMENT IS FOR AN EXCESS AUTO POLICY PROVIDING ADDITIONAL LIMITS OF LIABILITY COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, OR COVERED POLLUTION COST OR EXPENSE AND WILL NOT PROVIDE ANY OTHER TYPES OF COVERAGE.

MY PRIMARY AUTO LIABILITY INSURANCE POLICY PROVIDES AT LEAST THE AMOUNT OF UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE WHICH LEGALLY IS REQUIRED.

THIS EXCESS AUTO POLICY DOES NOT PROVIDE ANY UNINSURED OR UNDERINSURED MOTORIST (UM/UIM) COVERAGE.

Completed by the Insured _____ Date _____
Insured's Signature