

**SAND & GRAVEL SUPPLEMENT
AMCOM INSURANCE SERVICES**

Named Insured: _____

Effective Date: _____ Agency/Producer: _____

1. Years in business under current ownership: _____
2. Yes No Cancells, Declines or Non-renewals in last 3 years?
3. Yes No Auto Coverage a Fleet policy (more than 4 motorized vehicles)?
4. Yes No Are any vehicles leased or rented to others?
5. Yes No Is the applicant a sand/gravel/aggregate hauler?

6. Which of the following best describes the insured operations:
- a. Common Carrier (hauls for general public)
- b. Contract Carrier (hauls for specific customers under contract)
- c. Delivers Own Product
- d. Yes No Do any operations exist, other than those listed above?
- e. Yes No Transport hazardous materials?
- f. Yes No Transport flammables, chemicals, or explosives?

7. Does Applicant engage in any of the following operations?
- a. Yes No Transport of waste material or construction debris?
- b. Yes No Transport of construction or heavy equipment for hire?
- c. Yes No Concrete mix-in-transit?

8. Yes No Does applicant haul any material other than aggregate sand, gravel, rock, topsoil or bark? Explain, if Yes:

9. Yes No Does applicant perform other functions (set-up, assembly, mixing, Installation of goods delivered? Explain, if Yes:

Applicant's premises occupancy is Home Office Warehouse or: _____

Applicant operates how many power units, including those driven by others under applicant's authority: _____

Applicant operate any Mobile Equipment? YES NO, If Yes, what kind: _____

Applicant hold any CA Contractor's License? YES NO If Yes Lic #: _____

Are all heavy trucks equipped with back-up alarms? YES NO

Are all drivers of heavy vehicles at least 25 years of age? YES NO

Applicant's standards for drivers require no more than two moving violations, and no major violations, as a minimum? YES NO

Any Vehicle used by family members (other as employees)? Yes No

Additional Insured Requirements: Indicate # of, and provide details separately

YES NO Designated entity or person for whom applicant is hauling _____

YES NO Designated entity or person for whom applicant is sub-hauling _____

YES NO Landlord, Co-Owner of Premises _____

YES NO Other, describe: _____

Applicant's Signature

Producer's Signature