

National Casualty Company
 Home Office: Madison, Wisconsin
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

FOR HIRE TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION
 (Complete in addition to For-Hire Truckers Application)

Applicant's Name: _____ Policy Number: _____

PROPOSED EFFECTIVE DATE: From _____ To: _____
 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

LIMITS

General Aggregate \$ _____ Each Occurrence \$ _____
 Products-Completed Operations Aggregate \$ _____ Damage to Premises Rented to You \$ _____
 Personal & Advertising Injury \$ _____ Medical Expense (any one person) \$ _____

EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)

Yes No Limits: Bodily Injury by Accident each Accident \$ _____
 Bodily Injury by Disease each Employee..... \$ _____
 Bodily Injury by Disease per Policy..... \$ _____

W.C. Carrier: _____ W.C. Policy No.: _____ W.C. Effective Date: _____

EMPLOYEE AND PAYROLL INFORMATION

	Total Number	Payroll
1. Executive Officers		
2. Individual insureds and co-partners		
3. Outside sales, mechanics, yard employees, terminal employees, dispatcher and other misc. payroll excluding clerical, inside sales, and drivers (unless categorized above)		
4. TOTAL Actual payroll		

INSURANCE HISTORY AND LOSS EXPERIENCE

5. Has any insurance company canceled or nonrenewed your policy in the last three years (Not applicable in Missouri)?..... Yes No
 If yes, explain: _____

6. Prior year's insurance was written under the business name of: _____

7. Have there been any General Liability losses in the last three years? Yes No
 If yes, indicate losses below:

Prior Carrier Eff. Dates From—To	Prior Carrier Name	Policy No.	No. of Losses	Loss Amount	Description of Loss

EMPLOYEE AND PAYROLL INFORMATION

8. Fully describe your operation: _____

- 9. Do you have any operations other than trucking, such as:
 - a. Storage of goods of others (warehousing)..... Yes No
 - b. Repairs of vehicles of goods of others..... Yes No
 - c. Storage of vehicles of others..... Yes No
 - d. Space leased to others Yes No
 - e. Sale of fuel or other products Yes No
 - f. Freight forwarding, consolidation, or brokering..... Yes No
 - g. Any sporting or social events sponsored Yes No
 - h. Farming operations Yes No
 - i. Any other business activities located at same premises Yes No

11. Do you generate income from other activities besides the operation of trucks?..... Yes No

12. Do you sign any contracts requiring you to assume the liability of another party? Yes No

13. Do you use mobile equipment on or off premises such as forklifts or backhoes? Yes No

Explain all YES answers: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.