



Pyrotechnic Transporters Application

Insured's Name:	Phone	:			
Mailing Address:					
Email:	Fax: _				
Garaging location of all vehicles:	DOT #	MC#			
Expiration Date: Proposed Expiration Proposed Expiration Date: Proposed Expiration Proposed Expiration Date:	ffective Date:	Quote Required Date:			
Years in business (minimum 2 full years required):	Contact name	(s):			
Agency:					
Producer:					
Fax:	Email:				
Are you the incumbent broker?	If Yes, for h	ow long?			
1. Items hauled: 1.3G (licensed d	lisplay use)	1.4G (consumer use)	Other		
2. If "Other" checked above, please specify items	_	,	_		
3. Does the applicant haul items for hire?		☐ Yes	☐ No		
4. Are the Applicant's vehicles used for any other. If yes, please explain:	• •	☐ Yes	☐ No		
5. Do you haul for others or pick up containers at a If yes, please explain:	☐ Yes	☐ No			
6. What kind of equipment is rented, leased, or bo	rrowed?				
Do employees use their personal vehicles in the business of the applicant?					
8. Number of full time employees:					
9. Number of part time/seasonal employees:					
10. What time of year are seasonal employees typic	ally used?				
11. How many display shows does the applicant and	ticipate conducting during the u	pcoming policy year?			
2. Are all drivers trained in the safe handling, loading, and unloading of pyrotechnics?					
3. Are all drivers required to have a Hazmat Endorsed license if hauling explosives?					
4. Does the applicant keep fire extinguishers in all vehicles?					
15. Does the applicant comply with all standards of and storage, and Retail sales of fireworks and p		transportation,	□ No		

6. Do yo	ou require a BM	AC 91X?					☐ Ye	s 🗌 No		
7. List tl	he states in wh	ich filings are	e required	:						
overage	Requested:									
Primary	Liability:	Limit: [□ \$1,000	,000 🗆 \$5,000,	000	Deduc	tible: □\$0 □\$	\$2,500		
		Limit: [□ Statuto	ry Min.						
Personal Injury:										
			□ Reject							
UM/UIM:										
		☐ Reject								
Physical	Damage:		□ Stated				tible: □\$1,000 □\$	\$2,500 □\$5,000		
Trailer Interchange:		Monthly average interchange days: Number trailer interchanged per month: Deductible: [tible: □\$1,000 □\$	\$2.500 □ \$5.000			
□ Y	es □ No							_,_,_		
Uinca A	uto Liability	Cost of Hi								
	ed Physical		Vehicles Per Day: Hire Days Per Year: Dedu				I PD Limit:			
Damage		Vehicles P				Deduc	tible: \square \$1,000 \square \$	00 □\$2,500 □\$5,000		
		, cincios i								
quipme	nt Informatio	n:								
Unit	Model Year	Make	Mode	d GVW	Тур	e*	Vin#	Stated Amount		
1.	1 ear							Amount		
2.										
3.										
4.										
5.										
6. -										
7.										
8. 9.					-					
<i>)</i> .					1					
oss Hist	ory: (attach s	eparate shee	et if neces	sary)						
				Auto liobility los	gog (GL losses	Comp/Coll_losses	Cango lagger		
Prior Carrier		Period		•		amount	Comp/Coll. losses \$ amount	Cargo losses \$ amount		

Ex	posure History and I	Projections	s:								
Tot	al mileage for the cur	rent policy	year		Γotal mileage for ι	ıpcomin	g policy ye	ear			
#U	nits	1	#Units								
Mi	leage by State: Enter	projection	ns for upcomin	ng policy year or pro	vide IFTA reports	for mos	t recent 4 c	quarters			
A	 L:	ID:		MI:	NY:	NY:			TN:		
A	Z:	IL:		MN:	NC:			TX:			
A	R:	IN:		MS:	ND:			UT:			
C	A:	IA:		MO:	OH:	OH:			VT:		
C	O:	KS:		MT:	OK:	OK:			VA:		
C'	Γ:	KY:		NE:	OR:			WA:			
D	E:	LA:		NV:	PA:			WV:			
D	C:	ME:		NH:	RI:	RI:		WI:			
FI	_: _:	MD:		NJ:	SC:	SC:		WY:			
G	A:	MA:		NM:	SD:	SD:		AK:			
	Driver's Name Date of Birth		License # & St	ate CD	Years of CDL Date of Experience		Hire	No. of moving violations & accidents in Past 3 years.			
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10).										
Mi	scellaneous Question	ne .									
			oon doolingd	mon monoviod on com	called in the most 6			□ v.	na 🗆 Na		
a)	Has the applicant's i If so, provide reason				-	•		∐ Y€	es		
b)											
								es 🗌 No			
	If yes, please explain										
c)	Does the named applicant operate any other vehicles not listed?										
	If yes, please explain	n:									

General Fraud Statement (Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied.

The applicant hereby applied to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

provided herein sharr be construct by either party as creating a binding conduct for insurance.						
Signed this day of	, at					
By		For				
Name	Title		If Named Insured is other than an individual			
(If a partnership or corporation, signatury must be empouvered by Articles of Incorporation, et al. to hind incurrence agreements)						

(If a partnership or corporation, signatory must be empowered by Articles of Incorporation, et al, to bind insurance agreements).