### INTERMODAL AUTHORITY

*If you have intermodal authority, please complete the below questions and attach any Interchange Agreements you maintain.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and condition of the dollies?</td>
<td>Where are the containers loaded and unloaded?</td>
</tr>
<tr>
<td>Age and condition of the containers?</td>
<td>Weight and Length of the containers?</td>
</tr>
<tr>
<td>Are there any pup containers?</td>
<td></td>
</tr>
<tr>
<td>What inspection is done before insured accepts containers?</td>
<td>What is the trailer interchange loss history for the last 3 years?</td>
</tr>
<tr>
<td>Does the insured always know what is in the containers?</td>
<td>Please describe each trailer interchange claim (if any):</td>
</tr>
<tr>
<td>Does the insured haul any Hazardous Commodities in the containers?</td>
<td>What controls does the insured have in place to prevent containers and trailers from being stolen or misplaced?</td>
</tr>
<tr>
<td>☐ Yes ☐ No If yes, please complete below Hazmat Supplement.</td>
<td></td>
</tr>
</tbody>
</table>

### HAZ MAT AUTHORITY

*If you have the authority to haul hazardous materials, please complete below questions and attach a copy of your authority.*

#### SECTION A - GENERAL INFORMATION

1. Do you haul any substance considered hazardous waste? ☐ Yes ☐ No

   If yes, please explain ____________________________________________________________

2. Do you haul any hazardous materials as defined by the EPA*? ☐ Yes ☐ No

   *Such materials include, but are not limited to: corrosives, explosives, flammable gases, flammable liquids, flammable solids, hazardous waste, non-flammable gases, oxidizers, poisons or radioactive materials.*

   If “No”, do you agree to receive written approval from Lincoln General prior to assuming any full or partial loads of such materials? ☐ Yes ☐ No

Applicant/Insured Initials ___________________________ Date ___________________________

#### SECTION B - COMMODITY DETAILS

Commodity Identification can be found on the bill of lading or manifest. Typically the identification begins with the letters UN or NA.

<table>
<thead>
<tr>
<th>Hazardous Commodity</th>
<th>Hazard Class/Division</th>
<th>Identification Number (as noted on B/L or manifest)</th>
<th>Percentage of all commodities Hauled</th>
<th>Full (F) or Partial (P) Load</th>
<th>If “P” show maximum %</th>
<th>How is Commodity Packaged and Shipped</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What is the principle route traveled when hauling each hazardous material?

   1) _____ to _____
   2) _____ to _____
   3) _____ to _____
   4) _____ to _____
   5) _____ to _____
   6) _____ to _____

#### ADDITIONAL REMARKS – Please include any other information on your Intermodal or HazMat operations:
TRUCK APPLICATION SUPPLEMENTS

FREIGHT BROKERAGE AUTHORITY
If you are licensed as a domestic property broker, please complete the below questions and attach a copy of your authority.

1) Is the freight brokering handled by a separate corporation?  □ Yes  □ No
   a) If yes, please provide the following details:
      Name:  
      Address:  
      FHWA#:  
      Phone#:  

   b) If yes, is the property broker under same company control?  □ Yes  □ No

2) Does insured hold an ICC Freight Brokering Bond?  □ Yes  □ No
   a) If yes, please provide the following details:
      Bond#:  
      Effective Date:  
      Surety Name:  

3) What percentage of revenue is derived from freight brokerage activities?  ___

4) Do you issue a bill of lading for the freight brokerage operation?  □ Yes  □ No
   a) If yes, whose name appears on the bill of lading?  

5) Does insured have Contingent Auto policy for truckers you hire?  □ Yes  □ No
   a) If yes, please provide the following details:
      Effective Date:  
      Policy Limit:  
      Expiring Carrier:  
      Premium:  

6) Please list and explain all Contingent Cargo and Auto Liability losses from Freight Brokerage operations in the last 3 years or attach premium and loss runs from expiring carrier?  If none, state “none” below in each of the last 3 policy years.

<table>
<thead>
<tr>
<th>Policy Year</th>
<th>Coverage Type</th>
<th>Deductible</th>
<th>Paid Insurer Losses</th>
<th>Paid Exp</th>
<th>Reserves</th>
<th>Incurred (Paid + Reserves)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

ADDITIONAL REMARKS – Please explain any losses over $25,000 and/or any other information you would like to include as part of your application.

SIGNATURE
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR REPRESENTATIVE THEREOF OR WHO FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTUAL MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

This form must be signed by both the applicant and producer.

Signature of Insured (owner, officer, etc.)  Date

Signature of Producer  Date

Title

Agency Name