

**SUPPLEMENT TO TRUCK APPLICATION  
MOBILE HOME TRANSPORTERS**

**ARGENIA, INC.**  
PO BOX 17370  
LITTLE ROCK, AR 72222-7370

Telephone (501)                      Fax (501) 227-8105

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

Named Insured \_\_\_\_\_

Address of Insured \_\_\_\_\_

How long have you been in the business of transporting Mobile or Modular Homes? \_\_\_\_\_ Yrs.

What is the minimum age of any driver that would be hired to drive a towing vehicle? \_\_\_\_\_

Are you fully familiar with all state laws and regulations pertaining  
to towing of Mobile and/or Modular Homes?

Yes                       No

Are all vehicles equipped with "Wide Load" signs and red flags?

Yes                       No

Are lead and follow cars used as required?

Yes                       No

Are escort vehicles being towed on return trip?

Yes                       No

Is any towing done after dusk?

Yes                       No

Is any towing done before dawn?

Yes                       No

What instructions are given to drivers regarding towing after dusk or before dawn? \_\_\_\_\_

What instructions, if any, are given to drivers in the event they encounter high winds or other severe weather on the  
road? \_\_\_\_\_

**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.**