

GLOBAL HAWK INSURANCE COMPANY (RRG)  
DECLINED COVERAGE SUPPLEMENT FORM

\_\_\_\_\_  
**(Named Insured/DBA)**

Please list all insurance carriers who have declined to cover your trucking and/or non-trucking operations in the three years preceding the date of issuance of this policy.

Ins. Co. Name \_\_\_\_\_ Tel \_\_\_\_\_  
(Declined)

GA / MGA Name \_\_\_\_\_ Tel \_\_\_\_\_

Retail Broker/Agent Name \_\_\_\_\_ Tel \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If required, use additional sheet)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)