

Trucking Supplemental Application

APPLICANT INFORMATION

Applicant's Name: _____ Doing Business As: _____

Business Type (Check 1):
<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership
<input type="checkbox"/> Proprietorship
<input type="checkbox"/> LLC

Operating Authority:
<input type="checkbox"/> Common Carrier
<input type="checkbox"/> Contract Carrier
<input type="checkbox"/> Private Carrier
<input type="checkbox"/> Freight Broker

Year business established: _____

Years under current management: _____

U.S. DOT Number: _____

OPERATIONS

Description of Operations:

Commodity Information:

Commodity Type Hauled	% of Gross Receipts	Commodity Type Hauled	% of Gross Receipts

Mileage & Revenues	Revenues	Total Miles	Power Units
Projection (next 12 mos.)			
Current Policy Year			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

Radius - Indicate as a % what amount of your operations fall within the following:

< 50 Miles _____ 50-200 Miles _____ 201-500 Miles _____ Over 500 Miles _____

What is the avg. length of a haul? _____ What is the max. length of a haul? _____

List any major cities you will pass through: _____

Do you operate in or travel into Mexico or Canada? Yes No

Are private passenger and/or service vehicles allowed to be used for personal use? Yes No

Operations supervision includes the use of: Recording Devices Radio Dispatch Satellite/GPS

Max hours per day drivers are on the road: _____ Max hours per week drivers are on the road: _____

Oversize/Overweight loads? Yes No If yes, what percent? _____ Escort vehicles used? Yes No

What goods? _____

HazMat/Red Placard Hauling? Yes No If yes, what percent? _____ What materials? _____

Any expedited or time-sensitive deliveries? Yes No Any overnight hauling? Yes No

OPERATIONS Continued

Do you haul doubles or triples? Yes No How Often? _____

Do you rent trucks on a short-term basis for your use? Yes No If yes, explain: _____

Do you, for compensation, arrange for the transportation of property by other motor carriers? Yes No

Do you have brokerage authority? Yes No Under the same MC #? Yes No

Do you rent or lease to others? Yes No If yes, explain: _____

Indicate, as a % of total operations, how much your organization participates in each operation type listed below:

Regular Route _____ Irregular Route _____ Just-in-Time _____ Hot-Shot _____

DRIVER INFORMATION - Please attach Driver Schedule

Enter the total number (or % of total where appropriate) of drivers that are:

Employees: _____ Owner/Operators: _____ Subhaulers: _____ Total Drivers: _____

In the past year, how many drivers were:	What amount of experience is required?	Wages are based on:
Hired _____	Miles _____ Minimum Age _____	<input type="checkbox"/> Hours <input type="checkbox"/> Revenue
Terminated _____	Years _____	<input type="checkbox"/> Miles <input type="checkbox"/> Trips

What is the average annual driver pay? _____

Your driver selection procedures include the use of: (Check all that apply)	<input type="checkbox"/> Written Application	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Interview	<input type="checkbox"/> Drug Test
	<input type="checkbox"/> Written Test	<input type="checkbox"/> Pre-Hire Physical	<input type="checkbox"/> Reference Checks	<input type="checkbox"/> Driving Tests
Your driver indoctrination includes: (Check all that apply)	<input type="checkbox"/> Familiarization w/ equipment	<input type="checkbox"/> Familiarization w/ routes	<input type="checkbox"/> Procedures for accident reporting	
	<input type="checkbox"/> Familiarization with company rules	<input type="checkbox"/> Training in handling commodities		

Length of driver training program: _____

Owner-Operators: Not applicable

Are owner-operator vehicles sheduled on the primary? Yes No How many are used? _____

Are permanent/exclusive lease agreements used? Yes No Are drivers subject to insured's hiring standards? Yes No

Are trip lease agreements used? Yes No Are driver files maintained by the insured? Yes No

Is equipment inspected by the insured? Yes No If not covered under this policy, what limits are required? _____

Is owner/operator equipment subject to the same maintenance program as owned equipment? Yes No

MAINTENANCE PROGRAM

Is there a written maintenance program? Yes No

Are pre/post trip inspections made regularly? Yes No Routine maintenance is performed by: In-house mechanics Outside vendors

Are records are kept for all vehicles? Yes No Major repairs performed by: In-house mechanics Outside vendors

Describe your vehicle replacement policy: _____

Describe your tire replacement policy: _____

Describe if and when retreads are used: _____

SAFETY - Attach copy of safety program

Describe any safety incentives offered: _____

Do you have a safety director? Yes No If yes, what percent of time is devoted to this role? _____

How often are safety meetings held? Weekly Monthly Quarterly Other: _____

Units equipped with telematics? Yes No If yes, % of units: _____ Name of telematics provider: _____

Are units equipped with forward-facing cameras? Yes No If yes, % of units: _____

Are units equipped with driver-facing cameras? Yes No If yes, % of units: _____

Are units equipped with driver-assist and collision mitigation technology? Yes No If yes, % of units: _____

(Examples: Blind-spot warning system, lane departure warning system, Back-up camera, etc.)

Please specify what types: _____

Which of the following are included in driver files? (Check all that apply)	<input type="checkbox"/> Application	<input type="checkbox"/> Reference Checks	<input type="checkbox"/> MVR	<input type="checkbox"/> Disciplinary Warnings
	<input type="checkbox"/> Road Test Results	<input type="checkbox"/> Copy of License	<input type="checkbox"/> Accident Reviews	<input type="checkbox"/> Written Test Results
	<input type="checkbox"/> Interview Results	<input type="checkbox"/> Training Records	<input type="checkbox"/> List of Convictions	<input type="checkbox"/> Physical Exam Results

Are driver files updated annually with information including new MVRs? Yes No Are there any current drivers w/ citations for DWI, DUI, or reckless operation? Yes No

What are your MVR acceptability criteria? _____

How often are drivers reviewed and by whom are they reviewed? _____

What disciplinary action is taken when drivers develop unacceptable records? _____

GENERAL LIABILITY SECTION

Is Insured involved in any business activity other than trucking? Yes No Does applicant work on equipment not owned by the company? Yes No

Does applicant lease property or mobile equipment to others? Yes No Does applicant have storage facilities? Yes No

Does applicant do any rigging? Yes No Does applicant sell any product either wholesale or retail? Yes No

Explain any yes answers: _____

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Print Name

Title

Signature

Date