



TRUCKING SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
1. U.S. DOT Number: _____
2. Year of business establishment: _____ Years under current management: _____

SECTION C: Operations Information

1. Description of operations:

2. Operating authority (select below):
☐ Common Carrier ☐ Contract Carrier ☐ Private Carrier ☐ Freight Broker
3. Complete the table below with commodity information:

Commodity Type Hauled	% of Gross Receipts

Mileage and Revenues	Revenues	Total Miles	Power Units
Projection (next 12 months)			
Current Policy Period			
1st Prior Year			
2nd Prior Year			
3rd Prior Year			
4th Prior Year			

4. Indicate as a percentage, what amount of operations fall within the following:
Under 50 miles: _____
50-200 miles: _____
201-500 miles: _____
Over 500 miles: _____
5. What is the average length of a haul? _____ Max length of a haul? _____
6. List any major cities you will pass through: _____

7. Does the Insured operate in Mexico or Canada? ☐ Yes ☐ No
8. Are private passenger and/or service vehicles allowed to be used for personal use? ☐ Yes ☐ No
9. Operations supervision includes the use of (select all that apply):
☐ Recording devices ☐ Radio dispatch ☐ Satellite/GPS
10. What are the max hours per day that drivers are on the road? ☐ Yes ☐ No
11. What are the max hours per week that drivers are on the road? ☐ Yes ☐ No
12. Oversize or overweight loads? ☐ Yes ☐ No
If yes, state the contents/goods of loads and what percentage of loads are oversized/overweight?

- Are escort vehicles used? ☐ Yes ☐ No
13. HazMat/Red Placard hauling? ☐ Yes ☐ No
If yes, state the materials percentage of HazMat/Red Placard hauling?

14. Any expedited or time-sensitive deliveries? ☐ Yes ☐ No
15. Any overnight hauling? ☐ Yes ☐ No
16. Does Insured haul doubles or triples? ☐ Yes ☐ No
If yes, how often? _____
17. Does Insured rent trucks on a short-term basis for use? ☐ Yes ☐ No
If yes, please explain: _____
18. Does the Insured, for compensation, arrange for the transportation of property by other motor carriers? ☐ Yes ☐ No
19. Does the Insured have brokerage authority? ☐ Yes ☐ No
If yes, under the same MC number? ☐ Yes ☐ No
20. Does the Insured rent or lease to others? ☐ Yes ☐ No
21. Indicate, as a percentage of total operations, how much the Insured's organization participated in each operation type listed below:
Regular route: _____% Irregular route: _____%
Just-in-time: _____% Hot-shot: _____%

SECTION D: Driver Information (Please Attach Driver Schedule)

1. Enter the total number (or percentage of total where appropriate) of drivers that are the following:
Employees: _____ Owner/Operator: _____
Subhaulers: _____ Total Drivers: _____
2. In the past year, how many drivers were hired? _____ How many were terminated? _____
3. What amount of experience is required?
Miles: _____
Years: _____
Minimum age: _____
4. Wages are based on (select one of the following):
☐ Hours ☐ Miles ☐ Revenue ☐ Trips
5. What is the average annual driver pay? _____
6. The driver selection procedures include the use of (select all that apply):
☐ Written Application ☐ Written Test ☐ MVR Check ☐ Interview
☐ Pre-Hire Physical ☐ Reference Checks ☐ Driving Tests ☐ Drug Test
7. The driver indoctrination includes (check all that apply):
☐ Familiarization w/ Equipment ☐ Familiarization w/ Routes ☐ Familiarization w/ Company Rules
☐ Procedures for Accident Reporting ☐ Training in Handling Commodities
8. What is the length of the driver training program? _____

SECTION E: Owner/Operator Information ☐ N/A

1. Are owner/operator vehicles scheduled on the primary? ☐ Yes ☐ No
If yes, how many are used? _____
2. Are permanent/exclusive lease agreements used? ☐ Yes ☐ No
3. Are drivers subject to insured's hiring standards? ☐ Yes ☐ No
4. Are trip lease agreements used? ☐ Yes ☐ No
5. Are driver files maintained by the insured? ☐ Yes ☐ No
6. Is equipment inspected by the insured? ☐ Yes ☐ No
7. If not covered under this policy, what limits are requested? _____
8. Is owner/operator equipment subject to the same maintenance program as owned equipment? ☐ Yes ☐ No

SECTION F: Maintenance Information

1. Is there a written maintenance program? ☐ Yes ☐ No
2. Are pre/post trip inspections made regularly? ☐ Yes ☐ No
3. Are records kept for all vehicles? ☐ Yes ☐ No
4. Is routine maintenance performed by in-house mechanics or outside vendors? _____
5. Are major repairs performed by in-house mechanics or outside vendors? _____
6. Please describe vehicle replacement policy: _____
7. Please describe tire replacement policy: _____
8. Please describe if and when retreads are used: _____

SECTION G: Safety Information *(Please Attach Copy of Safety Program)*

1. Please describe any safety incentives offered: _____
2. Does the Insured have a safety director? ☐ Yes ☐ No
3. If yes, what percentage of time is devoted to this role? _____
4. How often are safety meetings held?
☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other (specify): _____
5. Are units equipped with telematics? ☐ Yes ☐ No
If yes, state the telematics provider and percentage of units: _____
6. Are units equipped with forward-facing cameras? ☐ Yes ☐ No
If yes, what percentage of units? _____
7. Are units equipped with driver-facing cameras? ☐ Yes ☐ No
If yes, what percentage of units? _____
8. Are units equipped with driver-assistance and collision mitigation technology (blind-spot warning system, lane departure warning system, back-up camera, etc.? ☐ Yes ☐ No
If yes, state what types and percentage of units: _____
9. Are driver files updated annually with information including new MVRs? ☐ Yes ☐ No
10. Are there any drivers with citations for DWI, DUI, or reckless operation? ☐ Yes ☐ No
11. What are the Insured's MVR acceptability criteria? _____
12. How often are drivers reviewed and by whom are they reviewed? _____
13. What disciplinary action is taken when drivers develop unacceptable records?

SECTION H: Liability Information

1. Is the Insured involved in any business activity other than trucking? ☐ Yes ☐ No
2. Does the Insured work on equipment not owned by the company? ☐ Yes ☐ No
3. Does the Insured lease property or mobile equipment to others? ☐ Yes ☐ No
4. Does the Insured have storage facilities? ☐ Yes ☐ No
5. Does the Insured do any rigging? ☐ Yes ☐ No
6. Does the Insured sell any products either wholesale or retail? ☐ Yes ☐ No

If yes to any of the above, explain:

SECTION I: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____