



COMMERCIAL AUTOMOBILE LIABILITY 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: _____
2. Description of operations:

3. Are any of the trucks used for snow plowing roads or parking lots? ☐ Yes ☐ No
If yes, provide details: _____
4. Do any scheduled vehicles have permanently affixed specialized equipment, such as but not limited to cranes, booms, buckets, drills, digging/excavating apparatus? ☐ Yes ☐ No
If yes, provide details including which scheduled vehicles have such equipment, along with a description of the equipment, size/length/capacity, and the type of work typically performed by these vehicles:

5. State the percentage of distance traveled by company vehicles for the following:
Within 50 miles: _____ %
Between 50-200 miles: _____ %
Over 200 miles: _____ %
6. Identify which of the following driver hiring criteria is in place:
- | | | |
|---|------------------------------|--|
| MVRs checked prior to hire? | ☐ Yes | ☐ No |
| At least annually thereafter? | ☐ Yes | ☐ No |
| Physical exams at time of hire? | ☐ Yes | ☐ No |
| Drug/alcohol testing at time of hire? | ☐ Yes | ☐ No |
| Reference check? | ☐ Yes | ☐ No |
| Require CDL when applicable? | ☐ N/A | ☐ Yes ☐ No |
| Road test given prior to hire? | ☐ Yes | ☐ No |
| Orientation in vehicle with experienced driver? | ☐ Yes | ☐ No |
- If yes, for what period of time? _____
- Number of drivers under the age of 25? _____
- Total number of company drivers? _____
- Total number of employees? _____
- Number of company drivers employed less than one year? _____
- Minimum no. years of driving experience required on like equipment? _____
- How long have all these procedures been in place? _____
- Is MVR criteria above in writing and always followed? ☐ Yes ☐ No
- If exceptions are ever made, describe: _____

7. Any other actions taken regarding driver hiring, selection, or training?

8. Is there a formal accident review program in place? ☐ Yes ☐ No
If yes, describe and state how long this program has been in place:

9. Is there a progressive discipline policy for drivers involved in series of multiple accidents/violations? ☐ Yes ☐ No
If yes, describe and state how long this policy has been in place:

10. Do you provide safety incentive awards? ☐ Yes ☐ No
If yes, describe and state how long this policy has been in place:

11. In the past year, how many drivers were hired? _____

12. In the past year, how many drivers were terminated? _____

13. What amount of experience is required?

Miles: _____

Years: _____

Minimum age: _____

14. The driver indoctrination includes (check all that apply):

☐ Familiarization with Equipment

☐ Familiarization with Company Rules

☐ Familiarization with Routes

☐ Training in Handling Commodities

☐ Procedure for Accident Reporting

15. Length of driver training program: _____

16. Does the Insured have a company policy regarding non-business use (personal use) of company autos by employees or executives? ☐ Yes ☐ No
If yes, describe and state how long this policy has been in place:

If yes, how often/when is it communicated to employees? _____

If yes, is this policy in writing? ☐ Yes ☐ No

If yes, please forward a copy.

SECTION C: Personal Use Policy and Personal Vehicle Use Information ☐ N/A

1. As part of Insured's personal use policy, are employees or executives allowed to use company insured vehicles for non-business (personal) use? ☐ Yes ☐ No

2. Is personal use restricted to certain employee types (e.g., management only)? ☐ Yes ☐ No
If yes, describe: _____

3. Does Insured allow the authorized users' spouse to use the company vehicle? ☐ Yes ☐ No

4. Does Insured allow the authorized users' children to use the company vehicle? ☐ Yes ☐ No

5. Are there any family members under age 21 given permissive use? ☐ Yes ☐ No
On a separate page, please provide the name, date of birth, and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

6. Do any employees use their own vehicles in the course of employment, twice a week or more? ☐ Yes ☐ No
If yes, how many employees do this on a regular basis? _____

If yes, does the Insured check their MVRs and use the MVR criteria mentioned above? ☐ Yes ☐ No

7. Does the Insured require certificates of insurance to make sure employees or volunteers carry personal auto coverage including bodily injury liability coverage? ☐ Yes ☐ No
 If yes, how often does Insured request certificates? _____
 If yes, does the Insured require the employee to carry a minimum limit of liability? ☐ Yes ☐ No
 If yes, what minimum limits are required? _____
 If yes, does the Insured make sure any 'business use' exclusion on their policy is detected? ☐ Yes ☐ No
8. Are the Insured's vehicles on a preventive maintenance program? ☐ Yes ☐ No
9. Are pre/post trip inspections conducted on the heavy units? ☐ Yes ☐ No
10. Does the Insured have any restrictions on the use of cell phones while operating company vehicles (hands free device only, must pull off side of road, etc.)? ☐ Yes ☐ No
 If yes, describe: _____
Please provide a copy of Driver Safety Handbook (Table of Contents Pages) if available

SECTION D: Rented or Leased Vehicle Information ☐ N/A

1. Does the Insured rent or lease vehicles for your use on a short-term basis (daily/weekly/monthly)? ☐ Yes ☐ No
2. Describe this exposure and the length of the rental/leases: _____
3. How many times per year is this done? _____
4. What types of vehicles are rented or leased? _____
5. Does the Insured ever rent or lease vehicles with drivers? ☐ Yes ☐ No
 If yes, how often and what are the vehicles used for? _____
 Estimated annual cost of hire? _____

SECTION E: Hired Auto ☐ N/A

1. Number of autos leased or rented by the Insured annually during course of conducting business: _____
2. Description/types of autos leased or rented by the Insured annually:
- | Vehicle Type | Number of Rentals | Total Cost of Hire | Annual Mileage |
|--|-------------------|--------------------|----------------|
| Private Passenger Vehicles | | | |
| Light trucks (0-10,000 lbs. GVW) | | | |
| Medium Trucks (10,001-20,000 lbs. GVW) | | | |
| Heavy Trucks (20,001-45,000 lbs. GVW) | | | |
| Truck-Tractors (over 45,000 GVW) | | | |
3. Maximum distance (miles) in which leased/rented auto may be driven: _____

SECTION F: Non-Owned Auto ☐ N/A

1. Do employees or volunteers use their own vehicles for company business? ☐ Yes ☐ No
 If yes, how many employees and volunteers use their own autos annually while conducting business on behalf of Insured? _____
2. What is the annual reimbursed mileage for employees using their own vehicles? _____
3. If the Insured answered yes to question 1, please complete the table below:
- | Daily Use | < 1 hour | > 1 hour - 2 hours | > 2 hours - 4 hours | > 4 hours or more |
|-----------------------------------|----------|--------------------|---------------------|-------------------|
| Number of Employees | | | | |
| Number of Volunteers | | | | |
| Number of Independent Contractors | | | | |

SECTION G: 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: _____