

## Trucking Supplemental Application

Date:	
Insured Name and Mailing Address:	
Effective Date:	Expiration Date:
Description of Operations:	
Number of years in Business:	
Motor Carrier Number:	DOT Number:

Carrier Authority: ☐ Private ☐ Common ☐ Contract ☐ Exempt ☐ Brokerage

### OPERATIONS:

States of Operation: ☐ AL ☐ AK ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DC ☐ DE ☐ FL ☐ GA ☐ HI  
☐ IA ☐ ID ☐ IL ☐ IN ☐ KS ☐ KY ☐ LA ☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO ☐ MS ☐ MT  
☐ NC ☐ ND ☐ NE ☐ NH ☐ NJ ☐ NM ☐ NV ☐ NY ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD  
☐ TN ☐ TX ☐ UT ☐ VA ☐ VT ☐ WA ☐ WV ☐ WI ☐ WY

Percentage of radius of operations:

\_\_\_\_\_ 0-50 Miles \_\_\_\_\_ 51-200 Miles \_\_\_\_\_ 201-500 Miles \_\_\_\_\_ Over 500 Miles

Annual Mileage the last three years:

Current Year:	1 <sup>st</sup> prior year:	2 <sup>nd</sup> prior year:
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Type of Cargo Hauled:

☐ General ☐ Logging ☐ Liquid/Gases ☐ Household Goods ☐ Building Materials  
☐ Livestock ☐ Chemicals ☐ Automobiles ☐ Heavy Machinery ☐ Grain Food/Hay  
☐ Fresh Produce ☐ Meat ☐ Mail ☐ Refrigerated Food ☐ Metal Sheets/Coil  
☐ Mobile Homes ☐ Garbage/ ☐ Sand, Gravel,  
Recyclables Dirt, Aggregate

Other: \_\_\_\_\_  
\_\_\_\_\_

Do you haul any hazardous materials, waste or substances? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Do you comply with all DOT regulations? ☐ Yes ☐ No

Do you act as a freight broker or freight forwarder or arrange loads for others? ☐ Yes ☐ No

If yes, provide details and % of these operations: \_\_\_\_\_  
\_\_\_\_\_

List all offices, terminals, warehouses, garage locations or other premises the applicant owns or leases:

Loc No.	Complete Address	Describe Function of Location	Owned (check if applicable)	Leased (% of bldg leased)
1				%
2				%
3				%

If you are requesting coverage over the Commercial General Liability, is the premises location a residential dwelling? ☐ Yes ☐ No

If yes, confirm you have a separate office space from the residence and you keep your business liability exposures separate from your personal liability exposures. \_\_\_\_\_

Anticipated Annual Mileage: \_\_\_\_\_

Estimated Annual Revenues: \$ \_\_\_\_\_

Truckers Annual Payroll: \$ \_\_\_\_\_

Any operations? ☐ Over weight ☐ Over Length ☐ Over Width ☐ Over Height

If any operations checked above, describe operations: \_\_\_\_\_

Are pilot cars used? ☐ Yes ☐ No

Does the applicant need a Broadened Pollution Coverage? ☐ Yes ☐ No

**(If yes, Please attach a copy of the primary pollution endorsement)**

**DRIVER INFORMATION:**

Number of Employed Drivers: \_\_\_\_\_ Number of leased Owner/Operators \_\_\_\_\_

Driver basis of pay: ☐ Per Load ☐ Per Hour ☐ Mileage ☐ Other

Driver: Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

Is there a formal driver hiring/training procedure? If yes, provide a copy ☐ Yes ☐ No

Do any drivers have more than 3 moving violations or any DUI'S ☐ Yes ☐ No

(If yes, please provide copy of the drivers MVR for acceptance)

Do all drivers have a minimum of 2 years' experience operating similar type vehicles? ☐ Yes ☐ No

Do hazardous material drivers have five years' experience hauling hazardous material? ☐ Yes ☐ No

Average number of years driving experience? \_\_\_\_\_

Are MVR checks made pre-hire and annually thereafter? ☐ Yes ☐ No

Describe MVR standards: \_\_\_\_\_

Are pre-hire drug/alcohol tests given? ☐ Yes ☐ No

Are random drug/alcohol tests made: ☐ Yes ☐ No

How Often? \_\_\_\_\_

Are physicals given pre-hire ☐ Yes ☐ No

**SAFETY TRAINING PROGRAM:**

Is there a formal safety training program in place?

☐ Yes☐ No

Is there a safety incentive award program?

☐ Yes☐ No

If yes, Describe: \_\_\_\_\_

What action is taken against drivers for accidents or violations? \_\_\_\_\_

Do you have any vehicle safety equipment?

☐ Yes☐ No☐ Electronic Stability Control☐ Front Collision Avoidance☐ Rear view cameras☐ Automatic Breaking Systems☐ Lane Deviation Monitoring☐ ELD System☐ GPS Fleet Tracking System☐ Fleet Truck Cameras☐ Other: \_\_\_\_\_**VEHICLES:**

Number of Owned vehicles: \_\_\_\_\_

# Private Passengers \_\_\_\_\_

# Light Trucks: \_\_\_\_\_

# Medium Trucks: \_\_\_\_\_

# Heavy Trucks: \_\_\_\_\_

# Ex Heavy Trucks: \_\_\_\_\_

# Heavy Truck Tractors: \_\_\_\_\_

# Ex Heavy Truck Tractors: \_\_\_\_\_

# Trailers: \_\_\_\_\_

Number of leased Vehicles: \_\_\_\_\_

# Private Passengers \_\_\_\_\_

# Light Trucks: \_\_\_\_\_

# Medium Trucks: \_\_\_\_\_

# Heavy Trucks: \_\_\_\_\_

# Ex Heavy Trucks: \_\_\_\_\_

# Heavy Truck Tractors: \_\_\_\_\_

# Ex Heavy Truck Tractors: \_\_\_\_\_

# Trailers: \_\_\_\_\_

Do you have a vehicle maintenance program in place?

☐ Yes☐ No

If yes, Describe: \_\_\_\_\_

Vehicles are Serviced on the following regular basis: ☐ 3,000 miles ☐ Monthly ☐ Semi-Monthly☐ Other \_\_\_\_\_

Are daily or pre-trip inspections made?

☐ Yes☐ No

Are double and/or triples used? Describe operations:

☐ Yes☐ NoDo you allow passengers? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_Do you allow any personal use of company vehicles? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_**HIRED AUTOS:**

Does the applicant sub-haul, Lease or hire equipment from others?

☐ Yes☐ No

If yes, how many sub-haulers are being used? \_\_\_\_\_

Cost of hire: \_\_\_\_\_

Current Year: \_\_\_\_\_ 1<sup>st</sup> prior year \_\_\_\_\_ 2<sup>nd</sup> prior year \_\_\_\_\_ 3<sup>rd</sup> prior year \_\_\_\_\_

If yes is it a: ☐ Permanent Lease ☐ Trip Lease

Are sub-haulers under the operating authority of the applicant? ☐ Yes ☐ No

Does the applicant require a written sub-hauler agreement? ☐ Yes ☐ No

Does the applicant require liability limits of at least \$1,000,000? ☐ Yes ☐ No

Does the applicant obtain motor vehicle records and driver list on all sub-haulers? ☐ Yes ☐ No

Is the applicant named as an Additional Insured on the sub-haulers policy? ☐ Yes ☐ No

**FRAUD WARNING:** 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Not applicable in Nebraska, Oregon and Vermont.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Name And Title: \_\_\_\_\_

Applicant's Signature: Date: \_\_\_\_\_ DATE: \_\_\_\_\_

[illegible]