|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT:**  Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: Individual Partnership Corporation | | | | |
| Effective Date | | Years in Business Under this Name: | | Years of Experience in this Field: |
| DOT #:  MC# |  | | Are Federal Filings Required? Yes No If yes, list required filings:  Are State Filings Required? Yes No If yes, list required filings by state: | |
| Has the applicant ever filed for bankruptcy under this or prior name? Yes No  Has the applicant ever operated under any other name? Yes No If yes, state the reason for the name change.  Does the applicant have any Subsidiaries? Yes No If yes, provide details of relationship.  Is applicant involved in any operation other than trucking? Yes No If yes, please explain:  **OWNERSHIP INFORMATION:**   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Title** | **# Years** | **% Ownership** | |  |  |  | % | |  |  |  | % | |  |  |  | % | | | | | |

|  |
| --- |
|  |
| **DESCRIPTION OF OPERATIONS:**  Carrier Type: Common Contract Private Other:       If Contract Carrier, for whom:  Description and scope of operations:  **COMMODITIES HAULED:** List each type of product hauled and percentage associated with same. (Percentages should total 100%)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | % |  | % |  | % |  | % | |  | % |  | % |  | % |  | % |   Does the Applicant ever Haul any of the following commodities? (check all that apply)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Haz Mat |  |  | Logs |  |  | Cars/Trucks/Towing |  | | Explosives |  |  | Sand/Dirt/Gravel |  |  | Oversize/Overweight |  | | Flammables |  |  | Wood Chips |  |  | Sugarcane |  |   Provide details for hauling of any commodities noted above:  **COMMODITIES BY TRAILER TYPE**: (Percentage should total 100%)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Flatbed Operation | % | Reefer Operation | % | Tanker Operation | % | Container Freight | % | \*Other: | % |   \*If other, please describe:  Average Load Value: $       Maximum Load Value: $   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Power Unit HISTORY:** List the number of power units at policy expiration:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **2019-2020** | **2018-2019** | **2017-2018** | **2016-2017** | **2015-2016** | |  |  |  |  |  |     **SCOPE OF OPERATIONS:**  Average Trip:      miles Max Trip:      miles Describe the general geographical area(s)/cities of operations:   |  |  | | --- | --- | | Describe Radius Of Operations *(total must equal 100%):*       % 0-50 miles       % 51-300 miles       % 301-1,000 miles       % 1,001+ miles | Describe Driving (*total must equal 100%):*       % Urban Areas       % Suburban Areas       % Interstate       % Rural |   Describe security at Garaging Location *(check all that apply):*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Units locked when not in use |  | Keys kept in lock box |  | Well lit lot | | Fenced lot |  | Commercial area |  | Residential area | | Other: | | | | |   What is the maximum value of vehicles parked at any one location? $  **EQUIPMENT TELEMATICS:**  Are units equipped with GPS Tracking Software? Yes No If no, is applicant willing to install GPS Tracking? Yes No  If yes, when was GPS Tracking implemented?  If yes, what driving behavior is monitored:  None Speed Acceleration Braking Cornering Location Other:  Are units equipped with dash cameras? Yes No If no, is applicant willing to install dash cams? Yes No  If yes, when were dash cams implemented  Describe camera locations: Dashboard Driver Facing Dashboard Forward Facing Rear Facing  Describe recording methods: Critical Events Continuous Loop Other:  Are units equipped with Advanced Driver Assistance Systems? Yes No If yes, what features are included:  Collision Avoidance Blind Spot Detection Lane Departure Warning Adaptive Cruise Control Stability Control System  Driver Drowsiness Detection Traffic Sign Recognition Other:  Identify safety equipment attached to units*:(check all that apply)* Cut off switches Strobe lights Tarps Back up alarms  Video Monitors Automated Can Dumping Arm 2-Way Radio Speed Governors (max speed) Fender mirrors  Other: (Be specific):  **DRIVERS: PRE-HIRING/ SCREENING:**  Does the applicant obtain or perform: *(check all that apply)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Drug Test |  | Road Test |  | Written Test |  | | Reference Check |  | Medical Certificate |  | MVR Review |  |   Do you have a Ride-A-Long Training Program? Yes No If yes, how long in duration?  Minimum Driver Age Requirement:       Minimum Experience Requirement:       How are drivers compensated:  Provide the number of: Full Time Drivers:      Part Time Drivers:      Owner/Operators (drivers operating their own units for applicant):  With Regard to any Owner/Operators, what is the Annual Cost of Hire? $  Are Owner/Operator Units included on the Vehicle Schedule? Yes No If no, do all operators carry auto liability insurance with limits equal to  or greater than applicant’s policy and provide applicant with additional insured status? Yes No  Average number of drivers annually      Number of driver terminations in last 12 months:       Number of Driver Resignations:  Number of newly hired drivers in the last 12 months:       Average length of employment:  Does the applicant ever use drivers from a temporary driving service or utilize employee leasing? Yes No If yes, how often  If yes, what is the qualification process for temporary drivers?  **SAFETY PROGRAM:**  Does the applicant have: *(check all that apply)*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Driver Orientation |  | Driver Incentives |  | Written Safety Program | | Full Time Safety Director |  | Safety Meetings |  | Hazardous Waste ID Training |   **MAINTENANCE PROGRAM:**  Does the applicant have an in-house repair facility? Yes No If yes, list types of repairs performed:  Does the applicant have a vehicle maintenance program? Yes No If yes, is the program documented? Yes No  Are maintenance records kept on individual vehicles? Yes No  How often are vehicles inspected?  **LOSS HISTORY:**  Has the applicant ever had insurance for this operation cancelled, declined, or renewal refused? Yes No If yes, list details:  Describe any losses over $25,000 in the last five years:  Are there any open/unreported claims pending?       If yes, list details:  **ADDITIONAL UNDERWRITING QUESTIONS:**  Do any of the applicant’s units have sleeper cabs? Yes No If yes, advise the number of units:  Does the applicant trip lease? Yes No If yes, please explain:  Does the applicant have brokerage authority? Yes No If yes, under what name & MC number:       % of revenue generated  Does the applicant backhaul? Yes No If yes, % of revenue generated       Commodities:  Does the applicant pull double trailers? Yes No Triple Trailers? Yes No  Is this a seasonal operation? Yes No If yes, please explain:  Does the applicant use electronic log programs to audit driver log books? Yes No  Do drivers perform duties which require climbing into the cargo area of the truck? Yes No If yes, please explain:  Does the applicant have Workers Compensation Insurance?  Yes  No If no, are they exempt from WC laws?  Yes  No  Does the applicant have any team driving?  Yes  No Are any drivers paid on 1099s?  Yes  No | |
|  |

**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**