# **RISCOM_logo**Motor Carrier Truckers Supplemental

**APPLICANT INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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# | | | |  | | | | | |
| Has the applicant ever filed for bankruptcy under this or prior name?  Has the applicant ever operated under any other name? If so, state the reason for the name change.  Does the applicant have any Subsidiaries?       If yes, provide details of relationship. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **DESCRIPTION OF OPERATIONS:**  Carrier Type: Common Contract Private Other:       If Contract Carrier, for whom:  Description and scope of operations:  Are Federal Filings Required? Yes No If yes, list required filings:  Are State Filings Required? Yes No If yes, list required filings by state:  Is applicant involved in any operation other than trucking? Yes No If yes, please explain: | | | | | | | | | | | |
|  |  | | |  |  | |  |  |  |  |  |
| **OWNERSHIP INFORMATION:**   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Title** | **# Years** | **% Ownership** | |  |  |  | % | |  |  |  | % | |  |  |  | % | | | | | | | | | | | | |
| **COMMODITIES HAULED:**  List each type of product hauled and percentage associated with same. (Percentages should total 100%)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | % |  | % |  | % |  | % | |  | % |  | % |  | % |  | % | |  | % |  | % |  | % |  | % | |  | % |  | % |  | % |  | % |   BY TRAILER TYPE: (Percentage should total 100%)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Flatbed Operation | % | Reefer Operation | % | Tanker Operation | % | Container Freight | % | \*Other: | % |   \*If other, please describe:  Power Unit HISTORY: List the number of power units at policy expiration:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **2016-2017** | **2015-2016** | **2014-2015** | **2013-2014** | **2012-2013** | |  |  |  |  |  |   Average Load Value: $       Maximum Load Value: $  Does the Applicant 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: | | | | | | | | | | | |
| **SCOPE OF OPERATIONS:**  Radius by %: 0-50 miles      51-200 miles      201-500 miles      500+miles  Average Trip:      miles Max Trip:      miles Most Common Destination Cities:  Percentage of driving in (Percentage should total 100%): Urban Areas     % Suburban Areas     % Interstate     % Rural     % | | | | | | | | | | | |
| **PRE-HIRING/DRIVER SCREENING:**  Does the applicant obtain or perform: (check all that apply)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Drug Test |  |  | Road Test |  |  | Written Test |  | | Reference Check |  |  | Medical Certificate |  |  | MVR Review |  |   Minimum 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’s business)*:  Number of driver terminations in last 12 months:       Number of Resignations:       Number of newly hired drivers in the last 12 months:       Average length of employment:        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  Does the applicant ever use drivers from a temporary driving service? 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 |  |  |  |  | | | | | | | | | | | | |
| **MAINTENANCE PROGRAM:**  Does the applicant have in-house repair facility? Yes No If yes, list types of repairs performed:  Does the applicant have 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? | | | | | | | | | | | |
| **EQUIPMENT TELEMATICS:**  Are units equipped with GPS? Yes No If yes, what driving behavior is monitored:  None Speed Acceleration Braking Cornering Location Other:  Are units equipped with dash cameras? Yes No  If yes, describe camera locations: Dashboard Driver Facing Dashboard Forward Facing Rear Facing  If yes, describe recording methods: Critical Events Continuous Loop Other: | | | | | | | | | | | |
| **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  Does the applicant pull double trailers? Yes No Triple Trailers? Yes No  Does the applicant utilize employee leasing? Yes No If yes, please explain:  Is this a seasonal operation? Yes No If yes, please explain:  Are the applicant’s trucks equipped with speed governors? Yes No If yes, to what speed are they set:      MPH  Are the applicant’s trucks equipped with fender mirrors? Yes No  Does the applicant use electronic log programs to audit driver log books? Yes No  Do the applicant’s drivers load or unload trucks/trailers? Yes No  Do the applicant’s drivers place tarps over load? Yes No Adjust/tighten tie-down straps? Yes No  Do drivers perform duties which require climbing onto the trailer or 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 | | | | | | | | | | | |
| The applicant hereby submits this supplemental application and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |