|  |
| --- |
| **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** |
|       |       |       |      % |
|       |       |       |      % |
|       |       |       |      % |

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| --- |
|  |
| **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 [ ]  NoDoes the applicant have any team driving? [ ]  Yes [ ]  No Are any drivers paid on 1099s? [ ]  Yes [ ]  No |

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