



TRUCKING SUPPLEMENTAL APPLICATION

Named Insured: _____ Website: _____
 Address: _____ Phone: _____
 Contact Person: _____ Years in Business: _____
 FEIN: _____ DOT #: _____

Description of operations (please provide a detailed description, 30 words minimum): _____

What materials/commodities are transported? _____

Hours of operation: _____ Max hours worked per driver per week: _____

Radius of Operations	Percentage of Trips	Trips per Month (Average)
Under 50 miles	_____ %	_____
51 – 200 miles	_____ %	_____
Over 200 miles	_____ %	_____

Any Interstate operations? Yes No List states/countries entered: _____

List all business locations: _____

GENERAL INFORMATION

Are owners active in daily operations? Yes No If **YES**, are they excluded from coverage? Yes No

Total # of vehicles: _____ % of vehicles owned / leased? _____ / _____

Type of vehicles: <26K # GVW >26K # GVW

Are company vehicles taken home at night? Yes No

Deliveries made primarily to: Commercial Residential Other _____

Are any hazardous materials hauled? Yes No Do you haul your own cargo exclusively? Yes No

Are passengers other than trainees allowed? Yes No

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

Do you lease / hire vehicles with drivers or owner/operators? Yes No If **YES**, % of total payroll _____

Do leased / hired vehicles with drivers or owner/operators provide their own insurance? Yes No

Are trucks equipped with sleeper cabs? Yes No If **YES**, how many trucks? _____

Any permit / escort required loads? Yes No Any oversized loads? Yes No

Any DOT violations in the past 24 months? Yes No If **YES**, what corrective actions were taken? _____

Are daily vehicle inspections completed? Yes No If **YES**, are they documented? Yes No

Regular vehicle maintenance completed? Yes No If **YES**, who maintains? _____

Towing operations? Yes No Any repossession operations? Yes No

24 Hr. roadside assistance? Yes No

Any team driver operations other than trainees? Yes No

Any overnight operations? Yes No If **YES**, What Percentage? _____

Are vehicles equipped with tracking or monitoring equipment? Yes No If Yes, what percentage? _____

Are vehicles operated on no or low maintenance roads? Yes No

DRIVERS

Totals # of drivers: _____ # of drivers employed longer than 12 months: _____

Are drivers required to have truck driving experience? If **YES**, How Many Years? _____

Are all drivers required to have a CDL? Yes No Are any endorsements to CDL required? Yes No

If **YES**, Please Identify: T – Double/Triple Trailers P – Passenger N – Tank Vehicle
 H – Hazardous Materials X – Combination of Tank Vehicle and Hazardous Materials
 S – School Bus

Has any driver been disqualified from driving a commercial vehicle at any time in the past five years? Yes No

If **YES**, how long was the disqualification and what was reason? _____

Do all drivers receive a road test? Yes No Do you verify prior employment? Yes No

Are MVR(s) checked before hiring drivers? Yes No If **YES**, describe acceptability standards _____

Are MVR(s) checked on all drivers? Yes No If **YES**, how frequently? _____

Is driver drug testing completed? Yes No If **YES**, please identify the types of testing completed:

Pre-Employment Post Accident Reasonable Suspicion Random

Pre/Post employment physicals? Yes No

SAFETY PROGRAMS

Is there a written driver Safety Program? Yes No Dedicated Safety Manager on staff? Yes No

Have the following policies been developed and are they enforced?

Alcohol / Drug Use: Yes No Seat Belt Use: Yes No Distracted Driving: Yes No

Written Accident Reporting policy in place? Yes No % of Claims reported within 3 days: _____

Written Accident Investigation Procedure? Yes No Return to Work Program? Yes No

Do new employees attend a formal and documented Safety Training Program? Yes No

If **YES**, within: First Week First 30 Days After 30 Days or Longer

Are Safety Meetings scheduled and conducted on a regular basis? Yes No

If **YES**, Weekly Monthly Quarterly Other _____

Do drivers load or unload cargo? Yes No If **YES**, % unloaded manually: _____

If unloaded manually, what is the maximum weight lifted? _____

How frequently is lifting this amount of weight required? _____ Times / Day Week Month

% unloaded using lifting equipment: _____ What type of equipment: _____

Forklift certification training required? Yes No Annual forklift recertification training? Yes No

Any trucks/trailers with ramps/lift gates? Yes No

Do drivers tarp, chain or secure loads? Yes No Are they required to climb on trailers? Yes No

If **YES**, have formal procedures been developed to prevent falls? Yes No

Is personal Protective Equipment Provided (PPE)? Yes No If **YES**, is its use mandatory? Yes No

What types of PPE is Provided? Hard Hat Hearing Protection Safety Glasses Gloves
 Back Belts Respiratory Protection Protective Clothing Fall Protection
 Boots Reflective Vests Other _____

Applicant Name

Applicant Signature

Date