



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)
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Under 50 miles	_____ %	_____
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51 – 200 miles	_____ %	_____
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Over 200 miles	_____ %	_____
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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