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TRUCKING SUPPLEMENTAL APPLICATION
\$75,000-1,000,000 PREMIUM

Name: _____

US DOT #: _____

1. What is the estimated premium? _____

2. Description of operations/commodities hauled: _____

Please check all that apply:

- Bulk Mail Hauling
- Less Than Load (LTL)
- Intermodal
- Tankers - Commercial Delivery, no Residential (no confined space entry)
- Bulk Hauling other than Mail
- General Freight - Van
- Household Goods (new - no moving or storage)
- Building Materials
- Heavy Equipment
- Refrigerated Vans
- Tankers - Residential Delivery of Heating Oils and other products
- Flat Bed - Not listed above ~
- Any hazardous materials:(list) _____
- _____
- Other (list) _____
- _____

3. Radius:

Please check all that apply:

- Hauling radius is 150 miles or less on 75% of the routes
- Average radius is greater than 500 miles

4. Employees: Check all that apply:

- Drivers only, no mechanics or other yard workers
- Drivers plus mechanics that perform scheduled maintenance work only
- Drivers Tarping Loads
- Drivers Loading and/or Unloading Cargo
- Tankers: Employees Climb Tanks to Load and/or Unload
- Mechanics - Heavy Repair including Tire Replacement
- Tankers/Bulk: Employees Clean Tanks or Cargo Holds (confined space)
- Employment of Dockworkers, Re-packers, Warehouse, etc
- Loading & Unloading Refrigerated Trucks

Loading and unloading is: Not done Manual Mechanical

(Describe): _____

5. **Owner-Operators _____ #, Employee drivers _____ #:**

- A. Are Owner-operators to be used during policy term? Yes No, (all employee drivers)
- B. Are Owner-operators less than 35% of the total number of drivers? Yes No
- C. Owner-operators treated as employees for workers' compensation? Yes No
- D. Do owner-operators carry both occupational accident and contingent liability policies?
 Yes No
- E. Do Owner-operators carry WC coverage? Yes No
- F. Are owner-operators held to the same driving standards and qualifications as employee drivers? Yes No

6. Average Weekly wage:	Insured's Average Weekly	State Average Weekly
Drivers: # _____	\$ _____	\$ _____
Mechanics: # _____	\$ _____	\$ _____
Warehousing: # _____	\$ _____	\$ _____

7. **Do they currently have an in force workers' compensation policy?** Yes No
Number of Years with a Workers' Compensation Policy: _____ years

8. **Do hiring practices follow all FMSCA requirements?** Yes No

9. **Drivers-Check if applicable:**

- MVR's run annually on all drivers? Yes No
- Do all drivers have three (3) or more years of commercial driving experience? Yes No

Applicants ineligible or drivers are dismissed for (if no, please decline):

- Yes No- Prior dismissals for alcohol or drug use
- Yes No- Major violations (hit & run, influence of drugs or alcohol, etc.)
- Yes No- Limited to 3 speeding and other "minor" violations in 2 years
- Yes No- A suspended or revoked license?

10. **Is their FMCSA rating conditional or satisfactory?** Yes No

11. **Experience Mod:** _____ (1.35 Maximum-submit mod worksheet)
2004 Mod: _____, **2003 Mod:** _____, **2002 Mod:** _____.

12. **US DOT Inspection Rating-** Excellent Good Marginal Poor

13. **FMCSA Safety Evaluation Rating-** Excellent Good Marginal Poor

14. **Does the Employer have a Written Safety Program?** Yes No

15. **Does the Employer have a Full Time Safety Director?** Yes No

16. **Safety Incentives are a part of the Driver's Compensation?** Yes No

17. **Prior to assigning a truck, do Hiring Practices include? Check if applicable:**

- Background Checks
- Road Test Given to all New Hires
- Physical Tests Exceed FMSCA regulations.

18. Do Drivers Receive Reoccurring Training? Check if applicable:

- No Training
- 8 Hours of Documented Annual Training
- 24 Hours or more of Documented Annual Training

19. Do they offer a 401K plan to drivers with some matching of contributions? Yes No

20. Do more than 50% of the Drivers participate in their Group Medical Plan? Yes No

21. What percentage of drivers are employed after one year of service with the carrier:

- Less than 50%
- 50% to 67%
- Higher than 67%

22. Do they have a return-to-work program/modified work for drivers? Yes No

23. Loss Experience Summary (Attach 3 years currently valued loss runs-prefer 4-5 yrs)

Policy Eff Date	Carrier	Payroll	Premium	Total Incurred	Loss Ratio	Total No. Claims	No. LT Claims	Exp. Mod.	Valuation Date

Loss Over \$25,000: List-DOL, description, cause, corrective action, etc.

Agent's Signature

Date