

**Trucking Supplemental Application**

Named Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

DOT Number: \_\_\_\_\_ Motor Carrier Number: \_\_\_\_\_

State Filings required? (list States): \_\_\_\_\_

**Please attach a copy of your latest financial statement.**

**Please forward current motor vehicle reports and attach a list of drivers, to include: Name; State and License Number; Date of Birth and Date of Hire.**

Yes  No Have you ever operated under a different name? If yes, please provide all names previously used.

\_\_\_\_\_

How many drivers do you employ: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Yes  No Are all of your employees covered by Workers' Compensation?

What % of your trips are:  
1-50 miles \_\_\_\_\_; 51-200 miles \_\_\_\_\_; 200-300 miles \_\_\_\_\_; over 300 miles \_\_\_\_\_

What is the annual average mileage of your: Transports: \_\_\_\_\_ Straight Trucks: \_\_\_\_\_

Territory (largest cities/towns into, near or through) where vehicles are operated? \_\_\_\_\_

\_\_\_\_\_

Please list all commodities you haul: \_\_\_\_\_

Yes  No Are any vehicles equipped with permanently attached equipment such as drills, booms, cranes or other mechanical devices? If yes, please explain:

\_\_\_\_\_

Yes  No Do you own any vehicles that will not be covered under this policy? If yes, please list all vehicles not covered and provide the name of the insurance carrier covering these vehicles. \_\_\_\_\_

Yes  No Are all units owned and operated by you? If no:  
How many owner/operators work for you? \_\_\_\_\_  
How many of their vehicles will be scheduled on your policy? \_\_\_\_\_

Yes  No Do you have a trailer interchange agreement?

Yes No Do you backhaul? If yes, please provide details; \_\_\_\_\_

Yes No Do you pull  double or  triple trailers?

Yes No Are your trucks equipped with speed governors?

How are your drivers paid?  Per Trip  Per Mile  Per Hour

Yes No Is your criteria for motor vehicle reports in writing?

Yes No Have exceptions ever been made? If yes, please explain:  
\_\_\_\_\_

Yes No Do you have a safety incentive / discipline program? If yes, please provide details: \_\_\_\_\_

Do you have a hiring program to include:

Yes No Checking prior employment?

Yes No Review applicants Motor Vehicle Report prior to hire?

Yes No Require a physical examination?

Yes No Conduct a written and road test?

Yes No Drug and Alcohol testing?

Yes No Do you have a policy regarding personal use of company owned vehicles?

Yes No Is it in writing? If yes, please attach a copy.

Yes No Is use restricted to specific employees? If yes, describe:  
\_\_\_\_\_

Yes No Is use permitted by any driver under 21 years of age.

Yes No Do you have operations other than trucking? If yse, please describe: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_