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Trucking Supplement

Producer: _____ Date Sent: _____
Contact on this account: _____ Sent By: _____
Email Address: _____ Phone Number: _____
Phone Number: _____
Fax Number: _____ Number of Pages: _____

General Information

Insured Name: _____
Policy Period: Effective Date: ________ Expiration Date: ________
Address: _____

Form of Insured's Business:
[] Corporation [] Individual [] Joint Venture
[] Organization [] Limited Liability [] Partnership [] Other

Years in Business: _____
US DOT#: _____ Docket # (MC/MX): _____
Payroll: _____ Annual Sales: _____
Annual Mileage: _____

Description Of Operations: _____

All Exposures: _____

Coverage Extensions

Does the underlying insurance cover the following:
[] Comprehensive Auto Liability [] Broad Form P.D.
[] Commercial General Liability [] Personal Injury
[] Products-Completed Operations [] Host Liquor Liability
[] Blanket x, c, u, d, e, z [] Blanket Contractual
[] Blanket Fellow Employee (AL GL) [] CGL Supplement or Casualty Broad Form

Do underlying policies have:

- Limited endorsements (e.g. lazer end't, special policy aggregate)
- Special wording or manuscript endorsements
- Buy Back or Broadening endorsement for pollution (e.g. BI PD; Clean-up)
- Defense outside Limits

Loss Information

Valuation Date: _____

Aggregate First Dollar Losses Last Five (5) Years:

Policy Period	General Liability		Automobile Liability	
	\$ Incurred	# of Claims	\$ Incurred	# of Claims

Details of any losses in excess of \$100,000 during the last 5 years: _____

- Are any employees working under the USLH - Longshoremen's & Harbor workers Act: Yes No
- Are any employees working under the Jones Maritime Act: Yes No
- Are any employees working under the Federal Employment Liability Act: Yes No

Trucker's Information

Details of all commodities being hauled: _____

HAZMAT: Yes No

Description of HAZMAT Hauled: _____

Safety, Hiring and Maintenance Programs: Yes No

How often are meetings held:

- Weekly Bi-weekly Monthly
- Quarterly Semi-Annually Annually

Is there a safety director: Yes No

Is regular vehicle maintenance performed: Yes No

How often is regular vehicle maintenance performed:

- Weekly Bi-weekly Monthly
- Quarterly Semi-Annually Annually
- Mileage Marks Every _____ Miles

Minimum Age of drivers: _____ Maximum Age of drivers: _____

Are MVR's checked, Police records checked: Yes No

How often: Weekly Bi-weekly Monthly
 Quarterly Semi-Annually Annually

Are Drug Tests performed: Yes No

What is the criteria for 'Bad' MVR's: (ie. 4 points, DUI, etc...) _____

Accidents reviewed by management and action taken:

What action is taken against a bad driver: _____

Drivers have regular routes: Yes No

Drivers are on a time schedule: Yes No

Owner Operators: Yes No

How Many: _____

Owner Operators under same Safety, Hiring and Maintenance Programs: Yes No

Owner Operators under long term lease: Yes No

Storage operations: Yes No

Description of commodities stored: _____

Losses in excess of \$500,000: Yes No

Losses in excess of \$1,000,000: Yes No

MCS-90 endorsement required or any other excess filings: Yes No

Defense in addition to limits: Yes No

SAFER Report Score: Satisfactory Conditional
 Un-satisfactory Not Sure

RADIUS of OPERATIONS: Number of Units: _____

0 to 50 miles: _____

50 to 200 miles: _____

Over 200 miles: _____

Max. Distance: _____