

Trucking supplemental application

APPLICATION INFORMATION

Date: _____

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 hrs 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 _____ Percentage of vehicles owned/leased? _____%

Type of vehicles [] <26K # GVW [] 0 >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, percentage of total payroll _____%

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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

Total # of drivers _____ # of drivers employed longer than 12 months _____

Are drivers required to have truck driving experience?Yes [] No []

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 ☐

Is there a dedicated safety manager on staff? Yes ☐ No ☐

Have the following policies been developed and are they enforced?

☐ Alcohol/drug use ☐ Seat belt use ☐ Distracted driving

Is a written accident reporting policy in place? Yes ☐ No ☐

Percentage of claims reported within 3 days: _____

Is there a written accident investigation procedure? Yes ☐ No ☐

Is there a 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, percentage unloaded manually _____

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

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

Percentage unloaded using lifting equipment _____% What type of equipment? _____

Is forklift certification training required? Yes ☐ No ☐

Is there an annual forklift recertification training? Yes ☐ No ☐

Are there 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? 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 _____

Signature

Date