



Truckers Supplemental

APPLICANT INFORMATION:

Insured Name: _____

Has the applicant ever operated under any other name? If so, state the reason for the name change.

DOT #: _____ MC# _____

DESCRIPTION OF OPERATIONS:

Carrier Type: ☐ Common ☐ Contract ☐ Private ☐ Other: _____

Are Federal Filings Required? ☐ Yes ☐ No If yes, list required filings: _____

Are State Filings Required? ☐ Yes ☐ No If yes, list required filings by state: _____

COMMODITIES HAULED:

List each type of product hauled and percentage associated with same. (Percentages should total 100%)

	%		%		%		%
	%		%		%		%
	%		%		%		%

BY TRAILER TYPE: (Percentages should total 100%)

Flatbed Operation	%	Reefer Operation	%	Tanker Operation	%	Container Freight	%
*Other	%	*If Other, please describe: _____					

Are Units Equipped with GPS? ☐ Yes ☐ No

Are Units Equipped with Dashboard Cameras? ☐ Yes ☐ No

SMS Pin # _____

By providing QEO with the DOT PIN/SMS PIN you are expressly granting QEO permission to submit this information to Central Analysis Bureau and agree to Central Analysis Bureau's terms and conditions.

SCOPE OF OPERATIONS:

Radius by %. (Percentages should total 100%)

0-50 miles _____ % 51-200 miles _____ % 201-500 miles _____ % 500+ miles _____ %

Average Trip: _____ miles

Max Trip: _____ miles

Most Common Destination Cities: _____

Does the insured file IFTAs? Yes No If yes, please attach the most recent 4 quarters of IFTA reports.

ADDITIONAL UNDERWRITING QUESTIONS:

Driver Turnover Ratio: _____

Are Owner/Operator Units included in the Vehicle Schedule? ☐ Yes ☐ No If so, how many? _____

Is there a formal owner/operator lease agreement in place? ☐ Yes ☐ No

If yes, will owner/operator be exclusively leased to applicant/insured? ☐ Yes ☐ No

Do they require proof of bobtail coverage? ☐ Yes ☐ No

Does the applicant backhaul? ☐ Yes ☐ No If yes, % of revenue generated: _____

Does the applicant use electronic log programs to audit driver log books? ☐ Yes ☐ No

Does the insured own any trailers (including long term leases) not listed on the application? ☐ Yes ☐ No

Does the insured rent out or lease any owned trailers or equipment? ☐ Yes ☐ No

Does the insured haul for Amazon? ☐ Yes ☐ No

IF THE INSURED HAS BEEN IN BUSINESS LESS THAN FIVE YEARS, PLEASE ATTACH RESUME(S) OF THE OWNERSHIP.