

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 [] >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 _____%

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? _____

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- 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 []

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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