

TRUCKING SUPPLEMENTAL

GENERAL INFORMATION

FIN#	Company Name		
DOT number or MC/MX number	Mailing Address		
Physical Location of Each Terminal (City & State)	a.	d.	
	b.	e.	
	c.	f.	
Is there any driving or deliveries in Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does insured own/operate any other business?	
Percentage of hauls within 200-mile radius	%		
Percentage of hauls that are regular routes	%		
Percentage of less than truckload freight	%		

EQUIPMENT

Number of power units (including trucks leased to/from others)							
Conventional		Straight Trucks		Dump Trucks		Wreckers	
Cabovers		Other					
Trailers (percentage of total annual fleet miles)							
Van/Dry Box	%	Intermodal Containers	%	Open-Top Van (chip)	%	Flatbed	%
Liquid Tanker	%	Drop/Step-Deck (etc.)	%	Hopper Bottom	%	Reefer	%
Dry Bulk	%	Walking Floor	%	Compressed Gas	%	Logging	%
Livestock	%	Curtain-Side	%	Auto Transporter	%	Dump	%
Doubles/Triples	%	Other Types of Trailers (describe)					

COMMODITIES COMMONLY TRANSPORTED

What are the most commonly transported commodities	a.			% of total freight	
	b.			% of total freight	
	c.			% of total freight	
	d.			% of total freight	
Does the applicant haul hazardous materials (if yes, list below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of freight categorized as HazMat			%
* Bulk HazMat					
*Packaged HazMat					

DRIVERS

Minimum age for new driver		Do driver selection procedures include the following (Check all that apply)	
Total Number of employee drivers		<input type="checkbox"/> Written Application	<input type="checkbox"/> Written Test <input type="checkbox"/> MVR Check <input type="checkbox"/> Driving Test
		<input type="checkbox"/> Physical Exam Before Hire	<input type="checkbox"/> Interview <input type="checkbox"/> Drug Test
Minimum years experience for new driver			
Any "Major Violations" in the past five years? (Refer to table below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does any driver have a suspended or revoked license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do any drivers have a combination of 4 or more moving violations in the last 3 years with no more than 3 in the last 12 months?			
Motor Vehicle- Definition of Major Violations			
• DWI, DUI or Open Bottle Violation	• All drug or alcohol related offenses	• Driving while license is suspended or revoked	
• Negligent homicide	• Unlawful use of vehicle	• Speed contest or racing	
• Reckless/Careless driving or endangerment	• Leaving scene of an accident and/or hit and run	• Any felony violation	
• Speeding in a work zone	• Speeding in a posted school zone	• Speeding 20+ over the speed limit	
Number of "true owner/operators" (own the truck they operate)		Number of "fleet operators" (operate truck owned by other entity)	
a.) To be included on workers' compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	a.) To be included on workers' compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.) Are certificates obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b.) Certificates of coverage obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of 1099 forms issued in previous calendar year		What is the estimated percentage of driver turnover	%
Number of W2 forms issued in previous calendar year		Describe any recent driver turnover	
Do any mechanics or clerical employees drive a truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of driving teams			

DRIVER INTERACTION WITH FREIGHT

Loading or unloading with material handling aids	%	Tarping freight (without tarping mechanical system)	%
Loading or unloading without material handling aids	%	Load securement using load-locks, bars or straps	%
Decking or blanket-wrapping	%	Other (describe)	
Are lumpers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do lumpers carry workers' compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are certificates obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MAINTENANCE OPERATION

Truck/Trailer Service and Repair (check all that are appropriate)	
Do they employ mechanics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is all service/repair done by an outside service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees perform roadside repairs/service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL SAFETY MANAGEMENT

Are driver safety meetings conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information for on-site loss control consultation NAME EMAIL ADDRESS PHONE	
*Safety meeting frequency			
Is there a safety-related incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</small>			
Applicant's Signature	Date	Agent's Signature	Date