

Truckers Supplemental Application

(for additional comments please use margins or attach separate sheet of paper)

Name of Insured: _____ Policy Effective Date: _____

Mailing address: _____

 Years in Business: _____
 Agent: _____

DOT # _____ ICC # _____ Federal Employer ID #: _____

Terminal locations: 1. _____ 2. _____
 3. _____ 4. _____

Major Clients: _____

Type of Commodities hauled and revenue for each:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Type of Equipment Used:

- | | |
|---------------|---------------|
| Semi-trailers | Tank trailers |
| Box Trailers | Flat Beds |
| Other: _____ | |

Filing requirements:(State of registration for Single State registration System)

Single State registration? Yes No BMC 91X? Yes No

Registration State: _____

Intra-State filing needed? Yes No

States: _____

Any oversized loads or Special Permits? Yes No

If yes, describe: _____

Do you haul double trailers? Yes No triple trailers? Yes No How frequently? _____

Any Hazardous Materials hauled? Yes No

If yes, please identify: _____

Any Placards required? Yes No

If yes, please identify: _____

Radius of operation (identify % of runs, or # of power units, which fit into the 3 categories - total to 100%)

- | | | |
|---------|------------|-------------------------------|
| _____ % | 0-50 miles | Local |
| _____ % | 50-200 | Intermediate |
| _____ % | 200-500 | Long haul (zone rating) *** |
| _____ % | Over 500 | Long haul (zone rating) *** |

*** Indicate origins and destination by city or region on the Vehicle schedule.

Attach fuel tax or mileage logs for last 3 years.

Owner Operators? Yes No

Are Trip Lease operators used? Yes No Cost of Hire: _____

If yes, how many trip lease operators used? _____

How many trip lease operators one year ago? _____ two years ago? _____

Are Permanent (Exclusive) Lease operators used? Yes No Cost of Hire: _____

If yes, how many permanent lease operators? _____
How many permanent lease operators one year ago? _____ two years ago? _____

If any "Yes" responses, attach copy of your Contract(s) with owner operators.

Are Bob-tail insurance certificates obtained on all owner operators? Yes No

Minimum Limit required: \$ _____

Do owner operators purchase Truckers Liability insurance or just Bobtail? _____

Do owner operators haul under their own operating rights or the Insured's? _____

Are permanent lease operators' vehicles included in vehicle schedule on application? Yes No

Do owner operators purchase their own physical damage coverage on their tractor? Yes No

Are owner operators complying with all DOT requirements? Yes No

Does insured keep complete driver files on all owner operators? Yes No

Leased Vehicles or Drivers:

Does Insured lease or rent its tractor-trailers to other truckers ? Yes No

If yes, what are the annual receipts from this? \$ _____

Does Insured lease or rent its tractor-trailers to non-trucking clients ? Yes No

If yes, please describe and identify clients: _____

If yes, what are the annual receipts from this? \$ _____

Does Insured lease or loan its drivers to other truckers ? Yes No

If yes, what are the annual receipts from this? \$ _____

Does insured lease or loan its drivers to non-trucking clients ? Yes No

If yes, please describe and identify clients: _____

If yes, what are the annual receipts from this? \$ _____

Does Insured lease its drivers from an employee leasing firm? Yes No

If yes, and there is a contract in effect, forward a copy to us.

Any Dead-Heading (Tractor with an empty trailer) ? Yes No

If yes, provide details: _____

Any Bob Tail exposure (Tractor without a trailer attached) ? Yes No

If yes, provide details: _____

Any **Back Hauling?** Yes No

If yes, provide details: _____

Commodities back hauled: _____

Truck Brokering:

Does the Insured, for compensation, arrange for the transportation of property by other motor carriers?
(Do they broker loads?) Yes No If yes, under what trade names? _____

What is their annual revenue from brokering loads \$ _____

Are Certificates on file and up to date on all brokered loads? Yes No

Describe controls on brokered loads: _____

DOT Inspection:

Has the Insured been inspected by DOT? Yes No

Date of last DOT inspection: _____

DOT Grading: _____

If Grade was Conditional or Unsatisfactory, identify deficiencies and actions taken:

Financial Condition:

Does the Insured supply financial information to the Central Analysis Bureau? Yes No

C.A.B. rating: _____

D&B rating _____

Attach the latest year-end financial statement.

Safety Program:

Does the Insured have a Safety Program? Yes No

Formal: Yes No Date implemented: _____ If yes, provide copy.

Informal: Yes No

Explain any changes in the Safety Program over the past 5 years, if any: _____

Any use of new technology to improve safety? (collision warning devices, satellite vehicle tracking, etc)

Full Time Safety Director? Yes No

If yes, name of Safety Director: _____

If no, name of person in charge of Safety, and title: _____

Formal Accident Review Procedure? Yes No If yes, provide copy of procedure.
If no, how are repeaters identified? _____

Is Driver Check or a similar Vendor (1-800) used? Yes No
If yes, name of vendor: _____
How long has the Insured used this service? _____

Does the Insured have a policy banning radar detectors? Yes No

Other aspects of safety program worth noting: _____

Driver Management: Indicate which of the following procedures are used by Insured

Prior to Hiring:

Application for employment:	Yes	No	Previous Employer Checked:	Yes	No
Reference Checks:	Yes	No	Road Test:	Yes	No
Written Exam:	Yes	No	Physical Exam:	Yes	No
Pre-Hire Drug Test:	Yes	No	Polygraph Test:	Yes	No
Minimum Age requirement _____			Police Record Checked	Yes	No

Any minimum experience requirement on same equipment? _____

MVRs obtained Prior to Hire? Yes No

After Hire: Road Patrols Yes No Driver Files per DOT Standards? Yes No
Motor Vehicle Records Obtained: Yes No
MVR Frequency After Hire: Annually twice per year quarterly other: _____

MVR criteria. Does the Insured have criteria for establishing what is an acceptable MVR? Yes No
If yes, please describe: _____

Is MVR criteria in writing? Yes No Is it communicated to all drivers? Yes No

Any Driver Incentive Programs (performance or Safety)? Yes No If yes, describe: _____

Any Disciplinary Programs? Yes No If yes, describe: _____
Are Disciplinary records kept on drivers? Yes No Kept in Driver File? Yes No

Describe Drug Testing Program for employed drivers: _____

Describe what driver training is provided and frequency: _____

Do drivers load and / or unload vehicles? Yes No Are lumpers used? Yes No

Driver Compensation:

How are drivers paid?
Hourly Salary: _____ Revenue: _____ Per Trip / Load: _____ Per Mile _____
Other: _____ Please specify: _____

Profile of Drivers (attach a complete driver list, incl. Full Name, date of birth, date of hire, license #, and state)

Age of Drivers (identify number in each category):

Under Age 21: _____ Age 21 - 24: _____ Age 25 - 60: _____ Age 61 & over: _____

Total number of drivers (excluding owner operators):

Full time: _____ Part time: _____

Prior yr: _____ Prior year: _____

Next prior yr.: _____ Next prior yr.: _____

Driver turnover ratio [# of drivers, incl. owner operators, hired within last 12 months divided by total # of drivers]:

Current year _____ Prior year: _____ Next prior year: _____

% of drivers 'employed' more than 2 years _____ more than 5 years _____

Vehicle Maintenance:

Preventive Maintenance Program? Yes No Written? Yes No

Vehicle records kept? Yes No

Based on time or mileage? _____

Pre-trip inspections? Yes No Post trip inspections? Yes No

In-house program? Yes No Outside service? Yes No

If yes, are certs obtained? Yes No

Are owner operators required to participate? Yes No

Does Insured repair vehicles of others? Yes No If yes, annual receipts? _____

Are retreads used? Yes No If yes, how often? _____

If using open trailers, how are loads secured? _____

Fleet History:

Power Units (excluding trailers):

Current year: _____ Prior year: _____ Next prior year: _____

Gross Receipts

Current year: \$ _____ Prior year: \$ _____ Next prior year: \$ _____

Mileage:

Current year: _____ Prior year: _____ Next prior year: _____

Loss runs: Attach, the current year and the past 5 years, currently valued. Identify liability deductibles, if any.

Also try to identify the actual exposure base for each year loss runs are available.

Personal Use of Vehicles:

Does the Insured restrict personal use of company vehicles? Yes No

If yes, how? _____

If yes, is the restriction in writing and provided to all drivers? Yes No

Are any vehicles taken home by employees? Yes No

Is any personal use allowed of any Company vehicle? Yes No

If so, provide details (are children, spouse of employees also permitted to drive?) _____

LONG HAUL SUPPLEMENT

(complete this section only if 10% or more of the runs are 200 miles or more)

Radius of Operations: What is the maximum distance traveled? _____

How often are such trips made? _____

Does the Insured permit family members or friends to accompany the driver? Yes No

If yes, do such passengers waive in writing any rights against the Insured if they are injured while on such a trip?

Yes No

What major cities will the Insured pass through on long haul (200+ miles) trips?

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Indicate origins and destination by city or region on the Vehicle schedule. Attach fuel tax or mileage logs.

How is maintenance provided away from base terminal? _____

Are records kept? _____

POLLUTION SUPPLEMENT

Complete this section only if the ISO Pollution Buy Back Endorsement (CA 9948), or similar coverage, is desired.

Is ISO CA 9948 the from desired ? Yes No **If no, attach a copy of form desired.**

*Attach a complete listing of all commodities the insured anticipates hauling in the future which were not previously identified.

*Describe in detail the spill containment program the Insured has in place.

*Attach the Material Safety Data sheets pertaining to all chemicals or contaminants "pollutants" hauled.

*Explain the training of employees as respects the loading and unloading process.

*The number of Power units involved which haul "pollutants": _____

*The number of Trailers involved: _____

*Is there any other "pollution" insurance in force? Yes No

If yes, provide details. _____

I, the undersigned, represent that information stated in this application is true and correct and understand that the insured policy will be issued subject to review and to insurability.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature: _____

Applicant's Title and Company: _____

Date: _____