

SUPPLEMENTAL TRUCKING APPLICATION

Insured's Name _____

Motor Carrier # _____ DOT# _____

1. Commodities/Products Main shippers %Revenue

2. Hazardous waste/materials information:
Materials Site of disposal Method of decontamination

3. Vehicle Maintenance:

Written Program? _____ Service record file for each vehicle? _____ Service own vehicles? _____
If not, who services? _____ Condition reported daily? _____
Is maintenance done for owner operators? _____ maintain their records? _____
Where are vehicle files maintained? _____

4. Three year growth history:

Year Gross Revenue Total Mileage #Owned Units #Owner/Operators

5. Type Operations: Common _____ Contract _____ Exempt _____

6. DOT Safety Rating assigned to the motor carrier: _____ Date assigned _____

7. Radius of hauls:
0-50miles= _____% 50-200miles= _____% 201-500miles= _____% Over 500miles= _____%

8. States hauled in and mileage by state in last full year of operations:

9. Equipment information: Please provide this information on a separate page.
Number and type units operated - tractors - heavy trucks, etc.; # company owned; #owner operator units; number and type trailers - flats or vans, etc.; seasonal variation in units operated if any.

10. Owner-Operators/Leased Drivers	<u>Owner-Operators</u>	<u>Other Leased Drivers</u>
Drive for other companies too	Yes ___ No ___	Yes ___ No ___
Workers Compensation paid by this company	Yes ___ No ___	Yes ___ No ___
Contract says driver is not an employee	Yes ___ No ___	Yes ___ No ___
Contract says driver will furnish own Work Comp	Yes ___ No ___	Yes ___ No ___
Drivers must have occupational accident policies	Yes ___ No ___	Yes ___ No ___

11. Are team drivers used? _____ Number of teams _____

12. Addresses of all terminals, plants and warehouses:

13. If there are any out of state terminals or drivers, forward certificates of insurance for these employees.
It is very important to forward Certificates of Insurance mentioned here. Please attach.

14. Number of drivers: total _____ full time _____ part time _____ owner operators _____ leased _____

15. Driver selection includes:
 written application _____, reference check _____, written test _____, road test _____,
 physical exam _____, substance abuse check _____, MVR check _____, other _____.

16. Average number of miles driven per unit last year _____

17. Drivers selected by: _____ Driver files located at _____

18. Load/unload by drivers _____% by other employees _____%

19. Lumpers used? Yes ___ No ___

20. Is there a full time safety director? _____. If yes, include resume.
 Formal safety program Yes ___ No ___

21. Any current drivers within last three years with convictions for DUI _____, DWI _____,
 or reckless driving _____?

22. Driver safety/training meetings held every _____ Attendance documented Yes ___ No ___

23. Is there a company safety manual? _____ Procedures manual? _____

24. Is there training for tie-down and weight distribution procedures for flat be operations? _____

25. Is there a spill plan? Yes ___ No ___