



DUMP TRUCK SUPPLEMENTAL

350 10th Avenue, Suite 1450 | San Diego, CA 92101
Phone: 619.333.2500 | Fax: 619.593.2176

TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: _____

Applicant Phone Number: _____

GENERAL INFORMATION

1. Is this a New Venture? Yes No If no, please provide number of years in business _____
If yes, please provide specific details about your experience in this industry including prior employment and driving history: _____
2. Gross receipts last year _____ Estimate for coming year _____
3. Have you ever changed your operating name? Yes No
If yes, please explain: _____
4. Have you filed for bankruptcy within the last 5 years? Yes No
If yes, please explain: _____
5. Do you operate in more than one state? Yes No If yes, list states: _____
6. List largest cities entered into: _____
7. Do you operate over a regular route? Yes No
8. Is our policy to cover all vehicles owned, operated or under lease to the applicant? Yes No
If no, explain: _____
9. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years
Estimate for coming year _____ Current year _____ 1st Prior year _____

DRIVER INFORMATION

10. Current number of drivers _____
11. During the past year, how many drivers have you - Added? _____ Replaced? _____
12. Do you order & review MVR's prior to hiring? Yes No
13. Minimum required age for driver: _____ Maximum driver age: _____
14. Do all drivers have at least 3 years of like driving experience? Yes No
15. Are all drivers properly licensed to drive vehicles where a CDL is required? Yes No
16. Are drivers trained on how to prevent overturn claims, either over the road or at the jobsite? Yes No
If yes, please explain: _____
17. Maximum number of driving violations allowed within the last 3 years: _____
18. Maximum number of accidents allowed within the last 3 years: _____
19. Is pre-employment drug testing required for all drivers? Yes No
20. Are all drivers/employee's covered by Worker's Compensation? Yes No
21. Is a Written Safety Program in place? Yes No
22. Does the Applicant participate in a MVR pull notice program? Yes No
23. Is there a Driver Safety Incentive plan in place? Yes No
24. Are accident investigation & review procedures, including records, maintained? Yes No

25. Do the review procedures include driver disciplinary procedures? Yes No
 If yes, please explain: _____
26. What is the basis for driver(s) pay?
 Hourly _____ Trip _____ Mileage _____ Other, explain _____
27. Drivers maximum driving hours _____ daily, _____ weekly
28. Are drivers allowed to take vehicles home at night? Yes No

VEHICLE INFORMATION

29. Total annual mileage last year _____ Estimate for upcoming year: _____
30. Is there a written vehicle maintenance program in place? Yes No
31. Are daily or pre-trip inspections made to the vehicles? Yes No
32. Do you service your own vehicles? Yes No If no, who does? _____
33. Are written maintenance history records kept for all units? Yes No
34. Does the insured have a formal procedure in place to retire older and/or high mileage units? Yes No
 If yes, explain: _____
35. What is the garaging address?
 Street: _____
 City: _____ State: _____ Zip Code: _____
36. Describe all lot security where vehicles are parked at night (gated, lights, security guard, etc.)

37. Do you lease, hire or borrow vehicles from others? Yes No
 If yes, explain: _____
38. Do you lease, hire out or loan your vehicles to others? Yes No
 If yes, explain: _____

FILING INFORMATION

39. Are any State and/or Federal filings required? Yes No
 State filings, list states and permit number: _____
 Federal filings: MC # _____ Base registration state: _____
 For Federal filings, what authority do you have? Contract Common Broker
40. Do you allow others to operate under your authority? If Yes No
 yes, please explain: _____
41. Is an MCS 90 endorsement required? Yes No
42. List exact name in which filings are issued: _____
43. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority? Yes No
 If yes, explain: _____

OPERATIONS INFORMATION

44. Radius of operations: 0 – 100 miles _____% 101 – 500 miles _____% Over 501+ miles _____%
45. Operating Territory: Percent City _____ Percent Rural _____ Percent Night _____

46. What are your hours of operation? _____ to _____
47. Any driving between 10pm and 3am? Yes No
48. Do you haul soil contaminated with fuel, fertilizers, chemicals, mine tailings or any other hazardous material? Yes No
49. Are double trailers pulled? Yes No Triple? Yes No
50. Is there any trip leasing? Yes No
51. Do you use any sub-haulers and/or owner operators? Yes No
- If yes, answer the following:
- Are certificates of insurance required? Yes No
If yes, what is the minimum liability limit required? _____
 - What is the estimated cost of hire? _____
 - Is the Applicant named as an Additional Insured? Yes No
 - Is there a Hold Harmless agreement in place? Yes No

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

Any person who knowingly and with intent to defraud any 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

Signature of Insured

Date

Signature of Producer

Date

By signing this supplemental you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.