



# TRUCKING SUPPLEMENTAL

350 10<sup>th</sup> 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

- 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 as an employee or owner operator: \_\_\_\_\_  
\_\_\_\_\_
- Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
- Have you ever changed your operating name?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Have you filed for bankruptcy within the last 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Do you operate in more than one state?  Yes  No If yes, list states: \_\_\_\_\_
- List largest cities entered into: \_\_\_\_\_
- Do you operate over a regular route?  Yes  No
- Is our policy to cover all vehicles owned, operated or under lease to the applicant?  Yes  No  
If no, explain: \_\_\_\_\_
- 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 \_\_\_\_\_ 1<sup>st</sup> Prior year \_\_\_\_\_
- Are all units covered under this policy registered to the Insured?  Yes  No

### DRIVER INFORMATION

- During the past year, how many drivers have you - Added? \_\_\_\_\_ Replaced? \_\_\_\_\_
- Current number of drivers \_\_\_\_\_
- Do you order & review MVR's prior to hiring?  Yes  No
- Minimum required age for driver: \_\_\_\_\_ Maximum driver age: \_\_\_\_\_
- Do all drivers have at least 3 years of like driving experience?  Yes  No
- Are all drivers properly licensed to drive vehicles where a CDL is required?  Yes  No
- Maximum number of driving violations allowed within the last 3 years: \_\_\_\_\_
- Maximum number of accidents allowed within the last 3 years: \_\_\_\_\_
- Do you have a pre-employment drug testing program for all drivers?  Yes  No
- Are all drivers/employee's covered by Worker's Compensation?  Yes  No
- Do you have a Written Safety Program?  Yes  No
- Does the Applicant participate in a MVR pull notice program?  Yes  No

13. Is there a Driver Safety Incentive plan in place?  Yes  No
14. Do you currently have any drivers under the age of 25?  Yes  No
15. Do you ever hire drivers for short periods of time?  Yes  No
16. Are accident investigation & review procedures, including records, maintained?  Yes  No
17. Do the review procedures include driver disciplinary procedures?  Yes  No  
If yes, please explain: \_\_\_\_\_
18. What is the basis for driver(s) pay?  
Hourly \_\_\_\_\_ Trip \_\_\_\_\_ Mileage \_\_\_\_\_ Other, explain \_\_\_\_\_
19. Drivers maximum driving hours \_\_\_\_\_ daily, \_\_\_\_\_ weekly
20. Are drivers allowed to take vehicles home at night?  Yes  No

## VEHICLE INFORMATION

21. Total annual mileage last year: \_\_\_\_\_ Estimate for upcoming year: \_\_\_\_\_
22. Are pre-trip inspections performed daily?  Yes  No
23. Do you service your own vehicles?  Yes  No If no, who does? \_\_\_\_\_
24. Are written maintenance history records kept for all units?  Yes  No
25. Are there any units covered under this policy that are owned by others?  Yes  No  
Is yes, how many? \_\_\_\_\_
26. Do you allow "owner-operators" to pull trailers owned by you?  Yes  No  
If yes, are you listed as an additional insured?  Yes  No  
How many trailers are being utilized by others? \_\_\_\_\_
27. Do you have a formal procedure in place to retire older and/or high mileage units?  Yes  No  
If yes, explain: \_\_\_\_\_
28. What is the garaging address?  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
29. Describe all lot security where vehicles are parked at night (gated, lights, security guard, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
30. Do you lease, hire or borrow vehicles from others?  Yes  No  
If yes, explain: \_\_\_\_\_
31. Do you lease, hire out or loan your vehicles to others?  Yes  No  
If yes, explain: \_\_\_\_\_

## FILING INFORMATION

32. Are any State and/or Federal filings required?  Yes  No  
State filings: List States and permit number: \_\_\_\_\_  
Federal filings: MC # \_\_\_\_\_ Base Registration State: \_\_\_\_\_
33. For Federal filings, what authority do you have?  Contract  Common  Broker
34. Do you allow others to operate under your authority?  Yes  No  
If yes, please explain: \_\_\_\_\_
35. List exact name in which filings are issued: \_\_\_\_\_
36. 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**

37. Will you need the Uniform Intermodal Interchange Endorsement (UIIE)?  Yes  No

38. Radius of operations by percentage:

0 – 100 miles \_\_\_\_\_% 101 – 300 miles \_\_\_\_\_% 301 – 500 miles \_\_\_\_\_% 501+ miles \_\_\_\_\_%

39. Operating Territory: Percent City \_\_\_\_\_ Percent Rural \_\_\_\_\_ Percent Night \_\_\_\_\_

40. List all types of cargo hauled: \_\_\_\_\_

41. Please list your 3 largest contracts and their percentage of your revenue.

a. \_\_\_\_\_ %

b. \_\_\_\_\_ %

c. \_\_\_\_\_ %

42. Please list your largest drop off cities and ports:

a. \_\_\_\_\_ d. \_\_\_\_\_

b. \_\_\_\_\_ e. \_\_\_\_\_

c. \_\_\_\_\_ c. \_\_\_\_\_

43. Do you haul containerized freight?  Yes  No

44. Are any of your operations seasonal?  Yes  No

45. Does the insured's operations involve flatbed hauling?  Yes  No

If yes, what commodities do you haul? \_\_\_\_\_

46. Do you haul coiled steel?  Yes  No

47. Do you haul rolled steel pipe?  Yes  No

If yes, percentage of goods hauled: \_\_\_\_\_

48. Do you ever transport commodities under an authority other than your own?  Yes  No

49. Do you require filings associated with the hauling of hazardous materials?  Yes  No

50. Do you pull double trailers?  Yes  No Triple trailers?  Yes  No

51. Do you haul any oversized or overweight loads?  Yes  No

If yes, explain: \_\_\_\_\_

52. Do you utilize any pilot cars and/or escort vehicles?  Yes  No

If yes, explain: \_\_\_\_\_

53. Do you haul any liquid material?  Yes  No

If yes, what type of liquid and maximum tank capacity in number of gallons? \_\_\_\_\_

\_\_\_\_\_

If yes, are all tank trailers baffled?  Yes  No

54. Do you haul your own cargo exclusively?  Yes  No

If not, who owns it? \_\_\_\_\_

55. Do you use any sub-haulers and/or owner operators?  Yes  No

If yes, answer the following:

a. Are certificates of insurance required?  Yes  No

If yes, what is the minimum liability limit required? \_\_\_\_\_

- b. What is the estimated cost of hire? \_\_\_\_\_
- c. Is the Applicant named as an Additional Insured?  Yes  No
- d. 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 MISREPRESENTATIONS MAY VOID THIS 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.**