



TRUCKING 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

- 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 _____ 1st 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

Insured's Initials _____

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: _____

Insured's Initials _____

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. _____
- b. _____
- c. _____
- d. _____
- e. _____
- 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? _____

Insured's Initials _____

- 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

Insured's Initials_____