

# Auto Supplemental Application



**Named Insured:**

1. Describe the types of commodities you haul:					
2. Will drivers haul?					
Explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Flammables	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sand/gravel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Logs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trash/recyclables/debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Livestock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oversize/weight loads	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any Backhauling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Backhauling- provide details:		
3. What percent of your driving is done in:					
Urban Areas	%		Suburban Areas	%	
Rural Interstate	%		Rural Other	%	
4. What is your maximum radius of operation?				Miles	
5. How many years have you been in business?				Years	
7a. If less than three years, describe prior experience in this field:					
6. Do you use owner/operators?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
8a. If yes, what percent of your work is done by owner/operators?				%	
8b. Do you verify they have their own Auto & WC Insurance?					
7. Do your drivers load and/or unload trucks/trailers?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do your drivers place tarps over load, adjust/tighten, tie-down straps or perform other duties that require climbing onto the trailer or cargo area of the truck?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Does your hiring/driver eligibility criteria include the following?					
MVR Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drug Screen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Road Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Physical Exam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reference Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maintain CDL Driver file	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-accident investigation (incl. drug/alcohol test)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monitor Medical Certificates are current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any drivers on "watch"/probation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list drivers:		
Prior truck driving experience:			years required		
10. Do you have a regularly scheduled vehicle maintenance program?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
12a. Is a maintenance record kept of each vehicle?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
12b. Controlled inspection frequency?					

12c. Daily vehicle condition reports used?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12d. Are Owner/Operator units included in daily vehicle condition reports?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12e. Do you service your own equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12f. Do you service Owner/Operator equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
12g. If reefer operations, how often are reefer units serviced?					
12h. Supervisor's name:					
12i. Number of full-time mechanics:					
11. Are vehicles located in a flood zone?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13a. If yes, please describe evacuation/vehicle protection plan:					
12. Does your vehicle storage location(s) include:					
Fenced/gated area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Security cameras	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adequate exterior lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other:		

<b>Signature:</b>	<b>Date:</b>
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