

FLEET & HEAVY AUTO SUPPLEMENTAL APPLICATION

Insured Information

Named Insured (list all Additional Named Insureds and their operations along with ownership):

Years in Business: Years Experience in Industry:

FEIN #: DOT # & DOT PIN:

Name of Designated Person Responsible for Safety/Compliance:

Phone #: Email:

Is this person an employee or a consultant?

If an employee, year the individual became responsible for Safety/Compliance for the company?

Garaging Information

Garaging Street Address (physical address, city, state, zip code):

- Location 1:

How many vehicles:
- Location 2:

How many vehicles:
- Location 3:

How many vehicles:

Are all locations secured? YES NO

If yes, describe security?

Radius of Operations (list % of trips):

0-50 miles 51-200 miles Over 200 miles

Intrastate Interstate

Safety Management

1. Do you have a Written Safety Program that is implemented and enforced at your company?

YES

NO
- Safety Meetings are held? WEEKLY MONTHLY QUARTERLY
2. Do you have a Written Driver Training Program?

YES

NO
3. Do you have a drug-testing program in place that includes post-accident?

YES

NO
4. Do you utilize GPS fleet telematics devices?

YES

NO
- If yes:
- a. Please check off the fleet telematics being utilized:

PLUG IN HARD WIRED MOBILE PHONE OTHER:
- b. What does the fleet telematics track?
- c. What percentage of your fleet is provided with these fleet telematics?

%
- d. Does your Fleet Safety Manual address disciplinary actions for excessive speeds, hard stops, etc.?

How many incidents are allowed before action is taken?

If you answered NO to any of the above 4 questions, if requested, would management implement a program designed to assist with that item(s) the first 30 days of the effective date of this insurance? YES NO

OWNERS INITIALS:

5. Are any vehicles governed? If so, please provide to what speed and what units this pertains to?

6. Do your vehicles contain permanently installed video cameras? YES NO

7. Have you had any DOT violations in the last 24 months? YES NO

If yes:

a. Explain those infractions and what actions were taken as a result?

b. Did any of your inspections result in your vehicle being taken Out-of-Service (OOS)? YES NO

### Driver Management

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Do you have a formal driving policy in place with MVR standards?  | YES | NO |
|     | If yes:   |     |    |
| a.  | Is the driving policy communicated in writing to all employees?   | YES | NO |
| b.  | Is a signed acknowledgment form kept on file?   | YES | NO |
|     | If yes, please provide a copy of signed acknowledgment.   |     |    |
| c.  | Does the driver policy contain a progressive disciplinary procedure?  | YES | NO |
| d.  | Indicate any immediate termination/suspension safety violations included in the driving policy? _____                       |     |    |
| e.  | Do you have a driver incentive plan?  | YES | NO |
| f.  | Does it contain a Cell Phone use policy?  | YES | NO |
|     | If yes, describe: _____   |     |    |
| g.  | Do driving standards include the following:   |     |    |
|     | I. No DUI in the past 5 years   | YES | NO |
|     | II. No major violations (racing, hit and run, speeding in excess of 20mph, etc.) within the past 3 years                    | YES | NO |
|     | III. No drivers with 3 or more moving violations within the past 3 years  | YES | NO |
|     | IV. No drivers with 2 or more at-fault accidents within the past 5 years  | YES | NO |
|     | V. No drivers with current suspensions or revocations   | YES | NO |
| 2.  | How often do you check MVR reports? _____   |     |    |
| 3.  | What is the criteria for hiring drivers: Minimum Age _____; Minimum Years of Experience _____                               |     |    |
| 4.  | Do you have any drivers under the age of 23 or over 70?   | YES | NO |
|     | If yes, explain what units they are operating and role with the company? _____  |     |    |
| 5.  | Do you utilize the FMCSA pre-employment screening (PSP) when hiring?  | YES | NO |
| 6.  | Do you allow any newly hired drivers to operate vehicles without going through company specific documented driver training? | YES | NO |
| 7.  | Describe any ongoing training provided to drivers: _____  |     |    |
| 8.  | Do you allow employees to drive personal vehicles for business purposes?  | YES | NO |
|     | If yes:   |     |    |
| a.  | Are the driving policy and standards for these drivers the same as in questions 1-3?  | YES | NO |
| b.  | Do you require these employees to have adequate personal insurance limits?  | YES | NO |
| 9.  | Number of drivers <u>hired</u> in the last 12 months? _____   |     |    |
| 10. | Number of drivers <u>fired</u> in the last 12 months? _____   |     |    |
| 11. | Do you maintain complete DOT compliant driver qualification files on each driver?   | YES | NO |
| 12. | Do you have a formal auto accident review program?  | YES | NO |

### Maintenance

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you have a vehicle maintenance program?  | YES | NO |
|    | If yes:   |     |    |
| a. | Describe the type of maintenance performed in-house versus the type of work outsourced? _____ |     |    |
| b. | Are in-house mechanics professionally certified?  | YES | NO |
| 2. | Do you maintain maintenance logs on each vehicle?   | YES | NO |
| 3. | Do you conduct Pre/Post trip inspections daily?   | YES | NO |

### General Operations

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you lease vehicles to or from other individuals or companies?                                  | YES | NO |
| 2. | Are all vehicles titled under the business name?  | YES | NO |
| 3. | Do you perform any hauling for hire?  | YES | NO |
|    | If yes, describe: _____   |     |    |
| 4. | Do you operate any trucks or trailers that have special equipment, alterations or customizations? | YES | NO |
|    | If yes, what vehicles are modified and provide details of modifications: _____                    |     |    |

# Construction

## Prior Insurance Information/Exposures

1. Has any insurance carrier cancelled or declined to renew your coverage within the past 5 years? YES NO  
If yes, why? \_\_\_\_\_
2. Power unit count for the past 5 years?  
Expiring term: \_\_\_\_\_ 1<sup>st</sup> Prior Year: \_\_\_\_\_ 2<sup>nd</sup> Prior Year: \_\_\_\_\_ 3<sup>rd</sup> Prior Year: \_\_\_\_\_ 4<sup>th</sup> Prior Year: \_\_\_\_\_

## Drivers Schedule

*Please include ALL employees that will be allowed to operate company vehicles and to use their personal vehicle for company business*

[illegible]

**Signatures**

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, Incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Print Name of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Date