

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 that includes defensive and distracted driving? ☐ 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.? ☐ YES ☐ NO
 - e. How many incidents are allowed before action is taken? _____
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

Hired/Non-Owned Auto

1. Is coverage being requested for incidental purpose? ☐ YES ☐ NO
2. How often are personal or rented vehicles used for business? _____
3. How many employees use their own vehicles for business? _____
4. Required limits of insurance? _____
5. How many rented vehicles are used annually? _____
6. What is the annual cost? _____
7. What types of vehicles are rented? _____
8. What purposes will hired autos be used (e.g. business trips, sales/services calls, transportation of equipment, etc.)? _____
9. What driving policies are in place such as personal auto policy or rental company insurance? _____

10. Are any vehicles rented, leased, or hired for more than 30 days? ☐ YES ☐ NO
11. Are driving records of employees regularly checked? ☐ YES ☐ NO
12. Who maintains the coverage and ensures compliance? _____
13. Any past claims related to hired or non-owned vehicles? ☐ YES ☐ NO
14. How many incidents or accidents occurred recently related to hired or non-owned coverage? _____
15. Do you have other vehicle or business auto insurance? ☐ YES ☐ NO
16. What are your current personal auto policy liability limits? _____

Driver Management

1. Do you have a formal written 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. Does the driver policy include a personal use policy? ☐ YES ☐ NO
- e. Indicate any immediate termination/suspension safety violations included in the driving policy? _____
- f. Do you have a driver safety incentive plan? ☐ YES ☐ NO
- g. Does it contain a Cell Phone use policy? ☐ YES ☐ NO
If yes, describe: _____
- h. Do driving standards include the following:
- I. No DWI/DUI in the past 3 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 2 minor moving violations in the last 3years ☐ YES ☐ NO
- IV. No drivers with 1 or more at-fault accidents within the past 3yrs ☐ 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. Does the schedule submitted contain all drivers? ☐ YES ☐ NO
5. Do you have any employees who are currently in a "not allowed" to drive status? ☐ YES ☐ NO
6. 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? _____
7. Do you utilize the FMCSA pre-employment screening (PSP) when hiring? ☐ YES ☐ NO
8. Do you allow any newly hired drivers to operate vehicles without going through company specific documented driver training? ☐ YES ☐ NO
9. Describe any ongoing training provided to drivers: _____
10. 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
11. What is your annual driver turn-over rate? _____
12. Are employees allowed to take vehicles homes? ☐ YES ☐ NO
13. Are employees allowed personal use of company vehicles? ☐ YES ☐ NO
If yes, explain: _____
14. Do you maintain complete DOT compliant driver qualification files on each driver? YES NO
15. Do you have any CDL drivers under the age of 23? YES NO
If yes, provide age and verification the driver has at least three years of CDL driving experience _____
16. Do you have any CDL drivers over 23 with less than three years of CDL experience? ☐ YES ☐ NO
If yes, provide driver name and experience _____
17. Do you have a formal auto accident review program? ☐ YES ☐ NO

Maintenance

1. Do you have a formal written 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. Are all vehicles titled under the business name? ☐ YES ☐ NO
2. Are all vehicles reported on the schedule? ☐ 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: _____

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: _____ 1st Prior Year: _____ 2nd Prior Year: _____ 3rd Prior Year: _____ 4th Prior Year: _____

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