

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?
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?
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 3 years YES NO
- IV. No drivers with 1 or more at-fault accidents within the past 3 yrs 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