

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?  
Safety Meetings are held?  WEEKLY  MONTHLY  QUARTERLY
 YES  NO
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?  
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. Indicate any immediate termination/suspension safety violations included in the driving policy? \_\_\_\_\_

e. Do you have a driver safety 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 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? \_\_\_\_\_

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. What is your annual driver turn-over rate? \_\_\_\_\_

10. Do you maintain complete DOT compliant driver qualification files on each driver?  YES  NO

11. 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 \_\_\_\_\_

11. 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: \_\_\_\_\_ 1<sup>st</sup> Prior Year: \_\_\_\_\_ 2<sup>nd</sup> Prior Year: \_\_\_\_\_ 3<sup>rd</sup> Prior Year: \_\_\_\_\_ 4<sup>th</sup> 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.

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Signature of Agent

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Print Name of Agent

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Date

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Signature of Insured

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Print Name of Insured

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Date