



COMMERCIAL AUTO SUPPLEMENTAL APPLICATION

Account Information

Named Insured(s): \_\_\_\_\_

Address: \_\_\_\_\_

DOT Number: \_\_\_\_\_ MC Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_ FEIN: \_\_\_\_\_

Please list any filings needed: \_\_\_\_\_

Loss Control Contact information

Fleet Manager Name(s): \_\_\_\_\_

Email \_\_\_\_\_ Phone Number: \_\_\_\_\_

Operations

- 1. Describe your operations: \_\_\_\_\_
2. Any change in ownership in the past 5 years? Yes No
If yes, please explain: \_\_\_\_\_
3. In what states do you regularly operate? \_\_\_\_\_
Largest cities: \_\_\_\_\_
4. What are the vehicles used for? \_\_\_\_\_
5. Please provide the following on historical vehicles and drivers:

Table with 4 columns: Number of power units, Number of trailers, Number of drivers. Rows include Current Term, 1st prior year, 2nd prior year, 3rd prior year, 4th prior year.

- 6. Please provide the following on mileage:
Average trip distance: \_\_\_\_\_ miles < 50 miles: \_\_\_\_\_% 51-200 miles: \_\_\_\_\_% >200 miles: \_\_\_\_\_%
7. Do you have owned or leased vehicles not included in the vehicle schedule? Yes No
If yes, please explain: \_\_\_\_\_
8. Do any vehicles have special equipment attached? Yes No
If yes, please describe: \_\_\_\_\_
9. Is there personal use of company vehicles? Yes No
Are vehicles used by family members? Yes No
a. If yes, please explain: \_\_\_\_\_

10. Have you or will you engage in any of the following activities:

- |  |     |    |
|--|-----|----|
| a. Forestry or logging?                                  | Yes | No |
| b. Waste hauling other than construction debris removal? | Yes | No |
| c. Hazardous material hauling?                           | Yes | No |
| d. Ready-Mix Concrete?                                   | Yes | No |
| e. Oversize/Overweight loads?                            | Yes | No |
| f. For-Hire Hauling?                                     | Yes | No |

**Fleet Safety**

- |   |     |    |
|---|-----|----|
| 1. Do you have a No-Device policy in place?                       | Yes | No |
| 2. Do you have a written fleet safety program in place?           | Yes | No |
| 3. Is there a written accident review program in place?           | Yes | No |
| 4. Is there a vehicle maintenance program in place?               | Yes | No |
| Do you have any full-time vehicle maintenance personnel on staff? | Yes | No |
| 5. Is there a telematics program in place?                        | Yes | No |
| If yes, Are there cameras in place?                               | Yes | No |
| What is the brand name of the system? _____                       |     |    |
| What percentage of the fleet has telematics? _____                |     |    |

**Drivers**

- |   |     |    |
|---|-----|----|
| 1. Do you have written and documented driver hiring criteria?                       | Yes | No |
| 2. Please identify which of the following driver hiring criteria you have in place: |     |    |
| a. Motor Vehicle Record checks prior to hire and at least annually thereafter?      | Yes | No |
| b. Drug testing at the time of hire?  | Yes | No |
| c. Require CDL or other specialized license when required?                          | Yes | No |
| 3. Allowable Accidents/Violations: _____  |     |    |
| Minimum driver age: _____ Minimum years of experience: _____                        |     |    |

**Hired and Non-owned**

- |  |  |
|--|--|
| 1. Estimated number of employees or independent contractors that use their own vehicles for company business.<br>Employees: _____ Independent Contractors: _____ |  |
| 2. How often do employees or independent contractors use their own vehicles for company business?<br>_____   |  |
| 3. For what purpose do employees or independent contractors use their own vehicles for company business?<br>_____  |  |

\_\_\_\_\_  
**Applicant Name (Printed)**

\_\_\_\_\_  
**Applicant Title**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**