



COMMERCIAL AUTO SUPPLEMENTAL APPLICATION
ALL QUESTIONS MUST BE ANSWERED

Account Information

Named Insured(s): _____

Address: _____

DOT Number: _____ MC Number: _____ Years in Business: _____ FEIN: _____

Please list any filings needed: _____

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? _____
4. What are the vehicles used for? _____
5. Please provide the following on historical vehicles and drivers:

	Number of power units	Number of trailers	Number of drivers
Next 12 months			
1 st prior year			
2 nd prior year			
3 rd prior year			
4 th 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 vehicles that are 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?
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
Are cameras installed and operational on all Heavy and Extra Heavy vehicles? Yes No
If no, would you be willing to install them within 30 days of binding the coverage? Yes No
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? 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.
Employees: _____ Independent Contractors: _____
2. How often do employees or independent contractors use their own vehicles for company business?

3. For what purpose do employees or independent contractors use their own vehicles for company business?

Applicant Name (Printed)

Applicant Title

Applicant Signature

Date