



**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 <sup>st</sup> prior year |                       |                    |                   |
| 2 <sup>nd</sup> prior year |                       |                    |                   |
| 3 <sup>rd</sup> prior year |                       |                    |                   |
| 4 <sup>th</sup> 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**