



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: _____

Loss Control Contact information

Fleet Manager Name(s): _____

Email _____ Phone Number: _____

Operations

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

	Number of power units	Number of trailers	Number of drivers
Current Term			
1 st prior year			
2 nd prior year			
3 rd prior year			
4 th prior year			

- Please provide the following on mileage:
Average trip distance: _____ miles < 50 miles: _____% 51-200 miles: _____% >200 miles: _____%
- Do you have owned or leased vehicles not included in the vehicle schedule? Yes No
If yes, please explain: _____
- Do any vehicles have special equipment attached? Yes No
If yes, please describe: _____
- 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.
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