



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 changes in ownership in the past 5 years? If yes, 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, explain: _____
8. Do any vehicles have special equipment attached? Yes No
If yes, explain: _____
9. Is there personal use of company vehicles, including family members? Yes No
If yes, explain: _____
10. Have you or will you engage in any of the following activities?
 - a. Forestry, Logging, Ready-Mix Concrete? Yes No
 - b. Haz Mat Hauling? Yes No
 - c. Waste hauling other than construction debris removal? Yes No
 - d. Oversize / Overweight loads? Yes No
 - e. 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
5. Do you have any full-time vehicle maintenance personnel on staff? Yes No
6. What percentage of the fleet has telematics and who is their provider? _____
7. What percentage of the fleet has cameras and who is their provider? _____

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. Confirm CDL or another specialized license when required. Yes No
3. Allowable accidents/Violations: _____
Minimum Driver Age: _____ Minimum Years of experience: _____

Hired and Non-owned

1. Are there any vehicles that are not currently listed on the policy that perform any function in support of your business?
(Examples: Vehicles owned by employees, contractors, owner-operators, or personal relationships)
 Yes No If yes, explain: _____
2. What percentage of your operations utilize independent contractors or other hired autos? _____
3. Do you reimburse employees or non-employees for any type of expenses related to operation of a vehicle?
(Examples: gas, tolls, parking, oil changes, mileage, cell phone)
 Yes No If yes, explain: _____
4. Do you require these individuals to hold your company harmless? Yes No
5. Do you verify that they carry automobile liability Insurance? Yes No
If yes, what limits are required? _____
6. What is the number of employees using personal vehicles? Number: _____ None
7. Do any employees use their personal vehicles for company business?
 Yes No If yes, check all that apply.

<input type="checkbox"/> Errands	<input type="checkbox"/> Sales Calls	<input type="checkbox"/> Transporting Employees/Workers
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Client Visits	<input type="checkbox"/> Carpools
<input type="checkbox"/> Other: _____		
8. How often are personal vehicles used for business purposes?
 Daily Weekly Monthly Occasional/ As needed Not used

Applicant Name (Printed)

Applicant Title

Applicant Signature

Date