



**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 <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, 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**