



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 can 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