

Trucker's Supplemental Application

Named insured:
Describe the types of commodities you haul:
2. Will drivers haul: explosives Yes No flammables Yes No sand/gravel Yes No hazardous materials Yes No logs Yes No trash/recyclables/debris Yes No livestock Yes No oversize/overweight loads Yes No 3. Please attach a schedule of all vehicles, both power units and trailers, including year, make, radius of operation and gross vehicle weight.
4. How many drivers do you have 18-25 years old 25-65 over 65
What percent of your driving is done in: urban areas% suburban areas% rural interstate% rural other%
6. What is your maximum radius of operation?miles
 How many years have you been in business? If less than three years, describe prior experience in this field:
8. Do you use owner/operators? Yes No If yes, what percent of your work is done by owner/operators? %
9. Do your drivers load and /or unload trucks/trailers? Yes No
10. Do your drivers place tarps over loads, adjust/tighten tie-down straps or perform other duties that require climbing onto the trailer or cargo area of the truck?
11. Does your hiring criteria include the following: MVR Check Yes No Drug Screen Yes No Road Test Yes No Physical Exam Yes No Prior truck driving experience:years required Reference check Yes No
12. Do you have a regularly scheduled vehicle maintenance program: ☐ Yes ☐ No Is it documented ☐ Yes ☐ No
Signature: Date:
"It is a crime to knowingly provide false, incomplete or misleading information to an insuring company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

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