



TRUCKING SUPPLEMENTAL

INSURED: _____
ADDRESS: _____
POLICY PERIOD: _____
DOT Number: _____
MCS Number: _____

Commodities Hauled	Percent of Revenue
_____	_____
_____	_____
_____	_____
_____	_____

Fleet Breakout:

	PP / LT	Medium Truck	Heavy Truck	Ex Heavy Truck	Heavy Tractors	Ex Heavy Tractors
# of Units						

Radius Information:

	1 to 50 Miles	51 to 200 Miles	201 to 500 Miles	Over 500 Miles
% of Operations				

Average Haul: _____
 Longest Haul: _____

Historical Information:

	Current Year	1st Year Prior	2nd Year Prior	3rd Year Prior	4th Year Prior
Revenue					
Power Units					
Mileage					

Driver / Operations Information:

- Driver Turnover Percentage:
 - Annual % _____
 - % with Co. more than 1 year _____
- Salary/Bonus/Wage Incentives for Safety? Yes ___ No ___
- Driver Compensation: Based Upon – Mileage ___ Per Trip ___ Hourly ___ Other ___
- Road Supervision: Satellite Tracking ___ Governors ___ Radio Dispatch ___ Road Patrols ___
 Other ___
 If Other, please describe: _____
- Double or Triple Trailers? Yes ___ No ___ If Yes, indicate percentage: _____

6. Flatbeds? Yes ___ No ___ If Yes, indicate percentage: _____
7. Oversize/Overweight? Yes ___ No ___ If Yes, indicate percentage: _____
Escort Vehicles? Yes ___ No ___
9. Team Drivers? Yes ___ No ___ If Yes, indicate the number of Driver Teams _____
10. Hazardous/Red Label? Yes ___ No ___ If Yes, indicate percentage and attach list of materials hauled: _____
11. How often do Drivers get home? (Indicate either number of days or number of weeks)
No. of Days _____ No. of Weeks _____
12. How many hours are drivers on the road at one time?
(Indicate maximum numbers of hours per day and per week)
Maximum number of hours per day _____
Maximum number of hours per week _____
13. (a) No. of Owner/Operators? _____ (b) No. of Fleet Operators? _____
Are the Owner/Operators and/or Fleet Operators subject to the same rules and regulations as Co. drivers? Yes ___ No ___
14. Are owner operators under permanent lease? Yes ___ No ___
15. Minimum Driver Age: _____
16. Minimum Driver Experience: _____
17. Is the MCS 90 endorsement required in the excess? Yes ___ No ___

Safety Information:

1. Frequency of Safety Meetings (Select One):
Monthly ___ Quarterly ___ Semi-Annually ___ Annually ___
2. Safety Meetings held with required driver attendance? Yes ___ No ___
3. Accident Analysis/Corrective Action? Yes ___ No ___
4. Written Formal Safety Program in use? Yes ___ No ___
5. Written maintenance program currently in use? Yes ___ No ___
6. Written disciplinary policy currently in use? Yes ___ No ___

Auto Loss Information:

YEAR	CARRIER	TOTAL CLAIMS	VALUATION DATE	TOTAL PAID	TOTAL RESERVED	TOTAL INCURRED
Current Year						
1 st Year Prior						
2 nd Year Prior						
3 rd Year						

Prior						
4 th Year Prior						

PLEASE INCLUDE THE FOLLOWING WITH YOUR SUBMISSION

1. Large Loss Detail for any claims over \$100,000
2. Financials
3. Latest Schedule B, mileage by state, for all vehicles
4. Copy of the Insured Manual; Safety, maintenance and driver selection

Applicant's Name and Title _____

Applicant's Signature: _____

Broker's Name: _____

Broker's Signature: _____