



**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 <sup>st</sup> Year Prior						
2 <sup>nd</sup> Year Prior						
3 <sup>rd</sup> Year						

Prior						
4 <sup>th</sup> 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: \_\_\_\_\_