

# Trucking Supplemental



Account Name: \_\_\_\_\_

Producer: \_\_\_\_\_

**SAFETY:**

- 1.) Does the insured have a formalized Safety Incentive Program?  Yes  No  
If Yes, provide details: \_\_\_\_\_
- 2.) Does the insured do pre-hire & post-accident drug testing?  Yes  No
- 3.) Is there a Safety Director on staff with no additional job duties?  Yes  No  
Name: \_\_\_\_\_
- 4.) Is there a formal Accident Investigation Program?  Yes  No
- 5.) Does the insured have a Return To Work Program?  Yes  None  
If Yes,  Formal  Informal
- 6.) Is there a formal Safety Program?  Yes  No
- 7.) Is there a Written Fleet Safety Program?  Yes  No  
a.) Name of the person responsible for the program: \_\_\_\_\_
- 8.) Does the insured have a DOCUMENTED vehicle inspection & maintenance program with logs maintained by the insured?  Yes  No
- 9.) Is there a formal Accident Investigation Program?  Yes  No
- 10.) Does the insured have an Accident Prevention Program in place?  Yes  No
- 11.) Number of employees is:  Increasing  Decreasing  Stable

**TRUCKING EXPOSURE:**

- 1.) Does the insured transport any of the following?  Yes  No  
Explosives, Ammunition or Fireworks?  
Magnesium, Fuses, Celluloid or Pyroxylin?  
Radioactive Substances or Hazardous Waste?  
Live Animals?  
Logs or Beams?
- 2.) Does the insured hire "Day Laborers/Lumper" to assist with Loading/Unloading?  Yes  No
- 3.) Does the insured use Sub-Haulers or Owner/Operators?  Yes  No  
a.) If drivers are Independent Contractor, does the insured want to provide WC coverage?  Yes  No  
b.) Do the independent operators work exclusively for the insured?  Yes  No  
c.) Do the independent operators go through the same screening process as employee drivers & are subject to the same internal controls?  Yes  No  
d.) Does insured obtain Certificates of Insurance from Independent Contractor?  Yes  No  
e.) Does the insured use a Diary System to track the COI expiration dates?  Yes  No

- 4.) Does the insured have a progress disciplinary program in place for terminating driver or moving them into a non-driving position if they have an unacceptable number of moving violations/accidents?  Yes  No  
 a.) Is there a maximum number of allowable violations/points per driver?  Yes  No  
 b.) If yes, how many: \_\_\_\_\_
- 5.) Do the insured's employees perform any manual securing or tarping of loads that requires climbing on the vehicle?  Yes  No
- 6.) Does the insured have a DOCUMENTED vehicle inspection and maintenance program (logs maintained by insured?)  Yes  No
- 7.) Do the insured's employees perform any loading/unloading?  Yes  No  
 If yes, how is this performed? \_\_\_\_\_
- 8.) Does the insured have a GPS Vehicle Tracking System?  Yes  No
- 9.) Does the insured participate in any program where they are notified if one of their drivers receives a vehicle violation?  Yes  No
- 10.) Does the insured have a formal driver training program?  Yes  No
- 11.) Does the insured train employees to use a 3 point contact when entering and existing a vehicle?  Yes  No
- 12.) Does the driver selection procedure include:  
 a.) Road Test Certification  Yes  No  
 b.) MVR checks (both pre-hire & annually)  Yes  No  
 c.) Drug testing (both pre-hire & post-accident)  Yes  No  
 d.) Physical exam?  Yes  No  
 If physical exams are required, how often? \_\_\_\_\_  
 e.) Formal driver training provided?  Yes  No
- 13.) Does the insured's employees provide towing or roadside assistance?  Yes  No

**DRIVERS:**

- 1.) Current number of drivers: \_\_\_\_\_  
 a.) How many CDL's: \_\_\_\_\_
- 2.) Are all driver's actual employees or independent contractors?  Yes  No  
 # of employees  # of independent contractors
- 3.) How are drivers paid? \_\_\_\_\_

**OPERATIONS:**

- 1.) List insured's DOT number: \_\_\_\_\_
- 2.) Percentage of trips of operation in various radius categories:  
 0-50 miles \_\_\_\_\_ %  
 51-100 miles \_\_\_\_\_ %  
 101-200 miles \_\_\_\_\_ %  
 201-300 miles \_\_\_\_\_ %  
 301-500 miles \_\_\_\_\_ %  
 over 500 miles \_\_\_\_\_ %

- 3.) Number of vehicles: \_\_\_\_\_
- 4.) List states in which you operate: \_\_\_\_\_
- 5.) Percentage breakdown of operations:
- |                           |                     |
|---------------------------|---------------------|
| Dry van-truckload _____ % | Flatbed _____ %     |
| Intermodal _____ %        | Tank-dry _____ %    |
| Reefer _____ %            | Tank-liquid _____ % |
| Flatbed _____ %           | Auto Hauler _____ % |
| Dump-end _____ %          | Dump-belly _____ %  |
| Other (describe) _____    |                     |

6.) What is the % of travel in the following areas?

- Urban \_\_\_\_\_ %
- Suburban \_\_\_\_\_ %
- Rural \_\_\_\_\_ %

7.) Types of commodities hauled? \_\_\_\_\_

8.) Does the insured contemplate using double or triple trailers?

Yes  No

If yes, what percentage of trips involves this use of multiple trailers? \_\_\_\_\_ %

9.) Does the insured perform any back-hauling?

Yes  No

If yes, is the container/trailer empty or full? \_\_\_\_\_

What commodities would the insured be back-hauling? \_\_\_\_\_

10.) Does the insured act as a freight-broker, freight-forwarder or arrange loads for others?

Yes  No

If yes, provide Broker/Forwarder's name: \_\_\_\_\_

11.) Does the insured have a cell phone policy for drivers?

Yes  No

If yes, describe: \_\_\_\_\_

**HEALTH BENEFITS:**

1.) Percentage of Employees who Participate/Purchase Medical/Health Plan: \_\_\_\_\_ %

Are benefits provided for Management Only?

Yes

2.) Percentage of Medical/Health Premiums Paid by Employer? \_\_\_\_\_ %

**WASTE & GARBAGE HUALERS:**

1.) Does the insured haul garbage, waste, construction debris or recyclables? If Yes:

Yes  No

a.) Commercial \_\_\_\_\_ %

Residential \_\_\_\_\_ %

Recycle \_\_\_\_\_ %

b.) Automated \_\_\_\_\_ %

Manual \_\_\_\_\_ %

Rolloff \_\_\_\_\_ %

c.) Dumpster \_\_\_\_\_ %

Cans/Bins \_\_\_\_\_ %

2.) Do employees ride on the outside of the vehicles?

Yes  No

3.) Does the insured operate any landfills, dumps or waste transfer stations?

Yes  No

4.) Does the driver or employees do any loading or unloading of waste?

Yes  No

**MISC:**

1.) Annual turnover? \_\_\_\_\_ %

2.) Union?

Yes  No

\_\_\_\_\_  
Name of Person Completing App

\_\_\_\_\_  
and Title

\_\_\_\_\_  
Date