



AT YOUR COMMAND

Trucker's Supplemental Application

Named insured: _____

1. Describe the types of commodities you haul: _____

2. Will drivers haul: explosives Yes No flammables Yes No
 hazardous materials Yes No sand/gravel 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 _____

5. What percent of you driving is done in: urban areas _____% suburban areas _____%
rural interstate _____% rural other _____%

6. What is your maximum radius of operation? _____ miles

7. 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 load, adjust/tighten tie-down straps or perform
other duties that require climbing onto the trailer or cargo area of the truck?
 Yes No

11. Does you 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: _____