



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 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: \_\_\_\_\_