



Transportation/heavy haul Supplemental application

Named insured:

Insured email address*(required to rate):

FEIN # (required to rate):

DOT # and/or MC#

Insured website

Physical address

Agency name

Agency representative

Agent phone number

Agent email address

How did you hear about us?

Print advertisement

Tradeshow/conference

Email broadcast

Social media (i.e. Facebook)

Internet search

Webinar

Postcard

Friend

Other:

Description of operations

Lines of business submitted

Commercial general liability

Inland marine/property

Commercial auto/mobile liability

Contractors' pollution

Umbrella/excess

Complete description of operations:

Sole proprietor

Partnership

Corporation

Limited corporation

Joint venture

Other:

If other, list description:

Subsidiaries	Name	Operations
1		
2		
3		
Years in business		
Years of experience of principals		
List all states where applicant has any operations:		

Commodity	Maximum value	Average value	% total revenue
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

Radius of operations:

<50 miles	%	51-200 miles	%	201-500 miles	%	>500	%
Average mileage per haul				Miles			
Maximum distance				Miles			
Annual mileage (year over year)				Miles			

	Power units	Trailers	Mileages	Revenue	Premium	Carrier
Current						
1 st prior						
2 nd prior						
3 rd prior						
4 th prior						
5 th prior						

Have any op's been sold, acquired or discontinued in the last 5 years?	Yes	No
Has bankruptcy been filed in the last 5 years?	Yes	No
Has insurance been cancelled in last 5 years?	Yes	No
If yes, explain		

Do you require to be named as an additional insured as necessary?	Yes	No
Do you transport owned goods?	Yes	No
Are your premises well maintained and free from debris?	Yes	No
Do you have warehousing operations?	Yes	No
If yes, public, private, bonded or contract?		
Receipt (copy of front and back of warehousing receipt is required)		
Are you storing commodities overnight?	Yes	No
If yes, provide details on security:		
Will a form H filing be required?	Yes	No
Do you operate as a broker or freight forwarder?	Yes	No
If freight forwarding, what is the revenue from this activity?		
Do you haul hazardous material?	Yes	No
Explain:		
What percentage of loads require an oversized banner?		
Percentage of loads that require pilot cars/escort?		

Driver details

Minimum number of years' experience required		
Min age required	Number under 25	Number over 65:
Number of subcontractors or owner operators		
Driver turnover %		
Is each driver's prior employment verified?	Yes	No
Are all drivers covered by workers' compensation?	Yes	No
Do any of your drivers perform loading/unloading?	Yes	No
If not, explain:		
Are all driver's files maintained on each driver and regularly reviewed?	Yes	No
Does the company have a driver training program?	Yes	No
Does the driver selection procedure include?	Yes	No
Written application	Yes	No
MVR check	Yes	No
How often?		
Reference checks	Yes	No
Road test	Yes	No
Written test	Yes	No
Drug test	Yes	No

Safety – attach copy of safety program

Name of safety director: _____

Safety director reports to: _____

Years with organization: _____ Years in the safety field _____ Percentage of time spent on safety: _____ %

DOT safety rating _____

How often are safety meetings held? _____ As of _____

Are employees required to attend?	Yes	No
Do accidents get investigated when necessary?	Yes	No
Are DOT regulations closely followed?	Yes	No
Is there a formal vehicle maintenance program in place?	Yes	No
Is maintenance completed in house on your own vehicles?	Yes	No
Are maintenance completed in house on your own vehicle?	Yes	No
Are maintenance files kept on all units?	Yes	No
Are daily pre-trip inspections completed?	Yes	No
Are all units owned by the company?	Yes	No
Are hydraulic trailer beds used?	Yes	No
Are tiller axels used?	Yes	No
Do you haul tandem trailers?	Yes	No
Is there any special equipment mounted or attached?	Yes	No
Explanation: _____		
Is there an active employee policy against cell phone use while driving?	Yes	No

Safety devices currently being used:

Electronic logging	Yes	No
Electronic on-board recorders	Yes	No
Accident event recorders	Yes	No
Anti-rollover devices	Yes	No
Speed governors	Yes	No
Telematics/tracking system	Yes	No
Dash cameras	Yes	No
External camera systems	Yes	No

Describe the safety directors' duties

Describe any safety award program(s)

Submission requirements

Inland marine / Property / General liability	Commercial auto	Umbrella / Excess
Acord sections	Acord sections	Acord sections
DUAL supplemental application	Five years current loss runs	DUAL supplemental application
Five years currently value loss history	Vehicle schedule with cost new Or stated amount	Vehicle schedule
Equipment schedule	Driver schedule	Underlying CGLI quotation
Operator certifications	Motor vehicle reports - all drivers	Underlying auto quotation
Equipment inspections		Employer's liability carrier/limit
Safety program		Five year loss summary each line
Lease / rental agreement		

Attention

1. The applicant warrants that the above statements and particulars, together with any attached or Appended documents or materials (“this application”), are true and complete and do not Misrepresent, misstate or omit any material facts.
1. The applicant understands that the company relied upon the information contained within this Application to determine acceptability, rates and coverage.
2. The applicant understands that any misrepresentation or omission shall constitute grounds for Rescission of coverage and denial of claims, or, at the option of the company, the assessment of Additional premium charges. The applicant represents and warrants to the company that, if a policy is issued to the applicant, the applicant will cooperate with the company in connection with any Inspection, premium audit and in all other respects as required under the policy.
3. The applicant understands the company is not obligated nor under any duty to issue a policy of Insurance based upon this application. The applicant further understands that, if a policy is issued, This application will be incorporated into and form a part of such policy.
4. If the applicant becomes aware that any response on this application is inaccurate as a result of Information or change of circumstances before a policy is issued, the applicant must inform the Immediate cancellation.
5. The applicant authorizes the company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The undersigned, being authorized by and acting on behalf of the prospective insureds, represents that The answers given are true. Failure to provide truthful answers and all material information can result In the company electing to cancel, reform and/or rescind the policy.

(“Applicant”, “You”, “Your” and similar words refer to the prospective insured)

The terms, conditions and exclusions contained in policies issued by the company vary significantly from Those contained in many other liability insurance policies. The policy form issued by the company provides coverage that may be more limited than that available under the “iso” insurance policy or similar types of policies. You should carefully review the entire policy with your agent, legal counsel or other Insurance professional to make sure that you understand the coverage it provides, and your rights and obligations under the policy.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature of applicant:

Date

**Title (Officer, Manager,
Partner, Owner)**

Signature of broker

Date