

Automobile Supplemental Application



Instructions: All questions must be answered in the respective fields. The application must be signed and dated by an owner, office, or partner. Upon signing the application, you acknowledge that you have read and completed the application in its entirety.

Part 1: Insured Information

Named Insured: _____
Mailing Address: _____
Description of Operations: _____
DOT/Motor Carrier Number: _____

Part 2: General Information

- | | | |
|---|-----|----|
| 1. Is there any hauling of hazardous cargo? | Yes | No |
| 2. Do you ever haul cargo owned by others? | Yes | No |
| 3. Are employees under age 21 allowed to drive company vehicles? | Yes | No |
| 4. Any drivers over the age of 70 or younger than 21? | Yes | No |
| 5. Are all drivers required to have at least five years of acceptable driving experience? | Yes | No |
| 6. Is a driving test required for new drivers? | Yes | No |
| 7. Are employees allowed to take vehicles home at night? | Yes | No |
| 8. Are family members of employees allowed to drive vehicles? | Yes | No |
| 9. Any personal use of the company vehicles allowed? | Yes | No |
| 10. Do employees use their own personal autos on the job? | Yes | No |
| If YES, is there a formal written policy on acceptable use of personal vehicles? | Yes | No |
| 11. Do you require proof of insurance from employees or volunteers using personal autos? | Yes | No |
| Certificates of insurance Copy of auto ID card Copy of auto policy | | |

Safety Management:

- | | | |
|--|-----|----|
| 12. Is there a fleet safety program in use? | Yes | No |
| Formal/Written Is there a safety manager? Regular safety meetings? | | |
| 13. Are background checks done on all potential drivers? | Yes | No |
| 14. Do all drivers receive Pre-employment Physicals? | Yes | No |
| 15. Are Motor Vehicle Reports obtained on all drivers? | Yes | No |
| Pre-Hire Annual | | |
| 16. Are there written criteria to determine an acceptable MVR? | Yes | No |
| 17. Is disciplinary action in place for poor drivers? | Yes | No |
| 18. Are files maintained for each driver? | Yes | No |
| 19. Are employees instructed in accident reporting procedures? | Yes | No |
| 20. Does the applicant have a Driver Monitoring program/telematics? | Yes | No |
| 800 Number DashCam GPS System What Provider? | | |
| 21. Does your safety program include safe driving incentive awards? | Yes | No |
| 22. Is driver training provided? | Yes | No |

Maintenance:

- | | | |
|--|-----|----|
| 23. Is there a vehicle maintenance program in operation? | Yes | No |
| Preventative Maintenance: By employees By others | | |
| Repairs performed: By employees By others | | |
| 24. Are pre- and post-trip inspections performed? | Yes | No |

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Part 3: Fleet Summary

Fleet History			
<i>Year</i>	<i># of Power Units</i>	<i>Premium</i>	<i>Name of Carrier</i>
Current Year		N/A	N/A
1 st Year Prior			
2 nd Year Prior			
3 rd Year Prior			
4 th Year Prior			
5 th Year Prior			

Part 4: Required Submission Information

In addition to the information provided above, please ensure that the following items are made available to us for consideration.

1. ACORD 127 - Business Auto Section
2. Copy of all Drivers' MVRs
3. Currently Valued Loss Runs For the Last 5 Years

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____