



Supplemental Application for Commercial Automobile Liability

Account Name: _____

FEIN #: _____ **US DOT #:** _____

1. Describe how the following types of vehicles are used in your business?

<u>vehicle</u>	<u>Est. Annual Mileage per</u>
Private Passenger _____	_____
Passenger vans _____	_____
Light Trucks/Cargo Vans _____	_____
Medium Trucks _____	_____
Heavy/X-Heavy Trucks _____	_____
Tractors/Trailers _____	_____

Are any of the trucks used for snow plowing roads or parking lots? Yes No
 If yes, provide details: _____

2. Approximately what percentage of time do your commercial vehicles travel

0-50 miles: % 51-200 miles: % Over 200 miles: %

3. How many power units (exclude trailers) were in your fleet in the past?

of autos one year ago # of autos two years ago
 # of autos three years ago # of autos four years ago

4. Do you have a formal safety program? Yes No

5. Identify which of the following driver criteria you have in place?

- | | | |
|---|-----|----|
| a. MVRs checked prior to hire? | Yes | No |
| At least annually thereafter? | Yes | No |
| b. Physical exams at time of hire? | Yes | No |
| c. Drug/Alcohol testing at time of hire? | Yes | No |
| d. Reference check? | Yes | No |
| e. Require CDL when applicable? N/A | Yes | No |
| f. Road test given prior to hire? | Yes | No |
| g. Orientation in vehicle with experienced driver? | Yes | No |
| If yes, for what period of time? _____ | | |
| h. Number of drivers under age 25 _____ | | |
| i. Total # of company drivers _____ | | |
| Total # of employees _____ | | |
| # of company drivers employed less than one year? _____ | | |
| j. Minimum # of years of driving experience required on like equipment? _____ | | |
| k. How long have all of these procedures been in place? _____ | | |

Describe your standards for an acceptable MVR below or attach copy of criteria:

Is your MVR criteria above in writing and always followed? Yes No
If exceptions are ever made, please describe: _____

Any other actions taken in regard to driver hiring, selection or training?

6. Is there a formal accident review program in place? Yes No
If yes, please describe: _____

How long has the program been in place? _____

7. Is there a progressive discipline policy for drivers involved in serious of multiple accidents/violations, etc,? Yes No
If yes, please describe: _____

How long has the program been in place? _____

8. Do you provide safety incentive awards? Yes No
If yes, please describe: _____

How long has the program been in place? _____

9. Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives? Yes No
If yes, please describe: _____

How long has the program been in place? _____
How often/when is it communicated to your employees? _____

Is this policy in writing? Yes No
If yes, please forward a copy.

10. As part of your personal use policy, do you allow employees or executives to use company-insured vehicles for non-business (personal) use? Yes No
If no, skip to question 10.

Is personal use restricted to certain employee types (e.g., management only)? Yes No
If yes, describe: _____

Do you allow the authorized users' spouse to use the company vehicle? Yes No
Do you allow the authorized users' children to use the company vehicles? Yes No
Are there any family members under age 21 given permissive use? Yes No

On a separate page, please provide the name, date of birth and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

11. Do any of your employees use their own vehicles in the course of employment, twice a week or more? Yes No

If no, skip to question 11. If yes:

How many employees do this on a regular basis? _____

Do you check their MVRs and use the MVR criteria mentioned above? Yes No

Do you require certificates of insurance to make sure employees are carrying personal auto coverage including bodily injury liability coverage? Yes No

If yes, how often do you request certificates? _____

Do you require the employee to carry a minimum limit of liability? Yes No

If yes, what minimum limit is required? _____

Do you make sure any 'business use' exclusion on their policy is deleted? Yes No

12. Do you rent or lease vehicles for your use on a short term basis (daily/weekly/monthly)? Yes No

If yes, please describe this exposure and the length of the rentals/leases: _____

How many time per year is this done? _____

What types of vehicles do you rent or lease? _____

Do you ever rent or lease vehicles with drivers? Yes No

If yes, how often and what are the vehicles used for? _____

Estimated annual cost of hire? _____

13. Do you lease drivers from others? Yes No

If yes, how many driver your company owned (or long term leased) vehicles? _____

Does your MVR criteria apply to these drivers? Yes No

Other controls you exercise over these drivers? _____

14. Do you use owner operators to haul on your behalf? Yes No

15. Are your vehicles on a preventive maintenance program? Yes No

Are pre/post trip inspections conducted on the heavy units? Yes No

Are any vehicles equipped with GPS or similar systems? Yes No

Are any vehicles equipped with speed governors? Yes No

If yes, what is the maximum speed? _____

16. Do you have any restrictions on the use of cell phones while operating company vehicles (hands free device only, must pull off side of road, etc.)? Yes No

If yes, please describe. _____

17. Do you do any backhauling? Yes No

If yes, please describe _____

Thank you for your cooperation in completing this supplement to assist us in underwriting your account.

Printed Name: _____

Title: _____

Signature: _____

Date: _____