



Trucking Supplemental

NAMED INSURED: _____

OTHER NIS: _____

NUMBER OF YRS IN BUSINESS: _____ STATES OF OPERATION: _____

ANY WORK IN PA, WV OR NY? _____ ARE YOU WORKING IN ANY SHALE PLAY AREAS? _____

COMPLETE DESCRIPTION OF OPERATIONS/COMMENTS:

5 YRS OF GROSS RECEIPTS / PAYROLL HISTORY:

CURRENT YR:	GR: _____	PYRL: _____	DRIVER PYRL: _____
1 ST PRIOR YR:	GR: _____	PYRL: _____	DRIVER PYRL: _____
2 ND PRIOR YR:	GR: _____	PYRL: _____	DRIVER PYRL: _____
3 RD PRIOR YR:	GR: _____	PYRL: _____	DRIVER PYRL: _____
4 TH PRIOR YR:	GR: _____	PYRL: _____	DRIVER PYRL: _____

Is the Insured involved in any of the following: For Hire

Hot Shot	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Rig Hauling	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Equipment Moving	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No : Oversize: _____	
Saltwater Hauling	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Pipe Hauling	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Sand and Gravel	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
In Transit Cement Mixing	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Operation of Disposal Wells	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>
Other: _____	<input type="checkbox"/> Yes % _____	<input type="checkbox"/> No	<input type="checkbox"/>

If not "For Hire" – are all of the above in conjunction with insured's operations: Yes No

Indicate the percentage of operations within:

1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____

Do drivers have a regular route?: Yes No

How are drivers paid: _____ Hourly _____ By the job _____ By the mile _____ Salary

How many hours are employees allowed to drive: _____ Who keeps the log: _____

What is acceptable driver criteria for hiring: _____ # of yrs exp : _____ # of moving violations : _____ CDL

Please indicate # of units for each:

Tractors: _____ Tank Trucks: _____ Capacity of tanks: _____

Flatbed Trailers: _____ Tank Trailers: _____ Capacity of tanks: _____

Vacuum trucks: _____ Dump Trucks or Trailers: _____

GENERAL INFORMATION

YES NO

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain.		
If cranes are leased from others – Is a certificate of insurance required from the lessor?		
Any Work subbed? If yes, describe :		
Cost: _____		
Do you require a Master Service Agreement to be completed and on file prior to work starting?		

Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured ?		
Is insured held harmless?		
Do subs provide waiver of subrogation to insured?		
Does the insured have any direct supervision of subcontractors?		
Does the insured lease employees from others?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a written safety program in place?		
Who administers? _____		
Is there a Safety Director?		
Does the insured conform to all OSHA rules and regulations ?		
Are regular safety meetings held?		
How often? _____		
Does the insured purchase WC coverage?		

EMPLOYEE BENEFITS

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

AUTO INFORMATION

YES NO

Do you perform Pre-employment drug testing?		
Are MVR's obtained? If yes – how often?		
CDL required?		
Do you have formal hiring practices?		
Are background checks performed prior to hiring		
Is there a formal Driver Training Program		
Do you have formal written driver and fleet safety programs?		
Is there a Driver safety-bonus program		
Do you perform accident reviews? Who performs the review?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program?		
If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

Declaration and Signature

I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature of 1st Named Insured _____ Title _____ Date _____

Producers Signature _____ Date _____