

Trucking Supplement

Producer: _____
Contact on this account: _____
Email Address: _____
Phone Number: _____
Fax Number: _____

Date Sent: _____
Sent By: _____
Phone Number: _____
Number of Pages: _____

General Information

Insured Name: _____
Policy Period: Effective Date: ____________ Expiration Date: ____________
Address: _____

Form of Insured's Business:

- Corporation Individual Joint Venture
 Organization Limited Liability Partnership Other

Years in Business: _____
US DOT#: _____ Docket # (MC/MX): _____
Payroll: _____ Annual Sales: _____
Annual Mileage: _____

Description Of Operations: _____

All Exposures: _____

Coverage Extensions

Does the underlying insurance cover the following:

- Comprehensive Auto Liability Broad Form P.D.
 Commercial General Liability Personal Injury
 Products-Completed Operations Host Liquor Liability
 Blanket x, c, u, d, e, z Blanket Contractual
 Blanket Fellow Employee (AL GL) CGL Supplement or Casualty Broad Form

Do underlying policies have:

- Limited endorsements (e.g. lazer end't, special policy aggregate)
 Special wording or manuscript endorsements

Buy Back or Broadening endorsement for pollution (e.g. BI PD; Clean-up)

Defense outside Limits

Loss Information

Valuation Date: _____

Aggregate First Dollar Losses Last Five (5) Years:

Policy Period	General Liability		Automobile Liability	
	\$ Incurred	# of Claims	\$ Incurred	# of Claims

Details of any losses in excess of \$100,000 during the last 5 years: _____

Are any employees working under the USLH - Longshoremen's & Harbor workers Act: Yes No

Are any employees working under the Jones Maritime Act: Yes No

Are any employees working under the Federal Employment Liability Act: Yes No

Trucker's Information

Details of all commodities being hauled: _____

HAZMAT: Yes No

Description of HAZMAT Hauled: _____

Safety, Hiring and Maintenance Programs: Yes No

How often are meetings held:

- Weekly Bi-weekly Monthly
 Quarterly Semi-Annually Annually

Is there a safety director: Yes No

Is regular vehicle maintenance performed: Yes No

How often is regular vehicle maintenance performed:

- Weekly Bi-weekly Monthly
 Quarterly Semi-Annually Annually
 Mileage Marks Every _____ Miles

Minimum Age of drivers: _____ Maximum Age of drivers: _____

Are MVR's checked, Police records checked: Yes No

How often: Weekly Bi-weekly Monthly
 Quarterly Semi-Annually Annually

Are Drug Tests performed: Yes No

What is the criteria for 'Bad' MVR's: (ie. 4 points, DUI, etc...) _____

Accidents reviewed by management and action taken:

What action is taken against a bad driver: _____

Drivers have regular routes: Yes No

Drivers are on a time schedule: Yes No

Owner Operators: Yes No

How Many: _____

Owner Operators under same Safety, Hiring and Maintenance Programs: Yes No

Owner Operators under long term lease: Yes No

Storage operations: Yes No

Description of commodities stored: _____

Losses in excess of \$500,000: Yes No

Losses in excess of \$1,000,000: Yes No

MCS-90 endorsement required or any other excess filings: Yes No

Defense in addition to limits: Yes No

SAFER Report Score: Satisfactory Conditional
 Un-satisfactory Not Sure

RADIUS of OPERATIONS: Number of Units: _____

0 to 50 miles: _____

50 to 200 miles: _____

Over 200 miles: _____

Max. Distance: _____