



Fleet Supplement

Named Insured	US DOT#	ICC# MC# or MX#
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Do you own/operate another business? Yes No
 If yes, please explain in separate page.

BUSINESS INFORMATION

1. What **type of authority** does your business have? (Check all those that are applicable)

- Freight Broker Common Carrier Contract Carrier Private Carrier

2. What is the **current status of your authority**?

- Permanent Temporary Emergency

3. What **ports** are served? (By name / Location / Type)

Name	Location	Type
		Air <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/>
		Air <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/>
		Air <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/>

REVENUE INFORMATION

	Trucking Revenue	Brokerage Revenue	Total Miles
Projected Policy Year			
Current Policy Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

1. Do you require **Gross Receipt Basis** (Reporting form) policy? Yes No

2. Can you provide **Financial Statement & Balance Sheet** for last year? Yes No

OPERATION RADIUS INFORMATION

1. Based on your ATM application information, are you planning to travel **750+ mi.**? Yes No
 If yes, please list states you will travel in.

2. In last 3 years, have you had travel further than **Texas**? Yes No
 If yes, please give percentage of your total radius per year.

3. Do you plan hauling to **British Columbia, Canada**? Yes No
 If yes, please provide percentage of your total projected radius.

4. Do you travel in **mountainous terrain area**? Yes No
 If yes, please describe.

5. Can you provide **IFTA report** for last four (4) quarters? Yes No

6. Do you have more than one (1) **garaging location**? Yes No

DRIVER INFORMATION

1. Do you hire other motor carriers or owner-operators to haul for you? Yes No

If yes, please provide answer below and attach copy of lease agreement.

A. On What basis are they leased?	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
B. Provide number of hired owner-operators.		
C. Provide number of leased vehicles.		
D. Are vehicles leased with driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Are leased vehicles included in this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:		
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required.	\$_____	\$_____
c. Do you secure evidence the lessor has primary auto liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Do you have any driver with age of **24/younger** or **66/older**? Yes No

3. Do you have any driver with **less than 3 years of experience** in trucking? Yes No

4. Do you have any driver with requiring **special acceptance** based on MVR history? Yes No

5. Please list all drivers' name who are applicable in the above (#1-4) questions with explanation.

DRIVER HIRING, TRAINING, AND SAFETY INFORMATION

1. Which of the following is part of your **driver screening/hiring process**?

- Written Application MVR Check Interview Alcohol/Drug Test
 Disciplinary Warnings Copy of License Road Test Criminal Background Check
 Employment Background Check Pre-employment Screening Program (PSP) Report from FMCSA

2. Which of the following is part of your **driver performance management process**?

- Annual review of MVR Review of electronic engine data
 Periodic review of accidents/incidents Incentives for violation-free and accident-free driving
 Driver safety training Formal corrective action procedures
 Periodic review of driver and vehicle out-of-service violation

3. **Who administers** the driver hiring/training/safety process?

4. **Do you report** all newly hired operators to your agent/insurance carrier? Yes No

5. Are any units equipped with **GPS location or electrical log book services**? Yes No

6. Please provide any information regarding hiring/training/safety procedure

FILING INFORMATION

1. Are any **special filings / certificates** required? Yes No
 If yes, please identify.

2. Have you ever **changed your operating name or operated under other name?** Yes No
 If yes, please identify name of the business and DOT number

Name of the Business _____ DOT# _____

INSURANCE HISTORY INFORMATION

Please provide detailed information below. If you have had 'lapse in coverage' period, please indicate. Do not include "self-employed" unless you have had insurance in your name.

Insurance Company	Policy Term	# of Tractor	# of Truck	# of Trailer	Liability Premium	Physical Damage Premium	Liability Loss	Physical Damage Loss	# of Claims

Please provide any description or explanation of any losses in separate page.

I certify that the above information is true, based on Company Records.

 (Printed Name)

 (Title)

 (Signature)

 (Date)