



## Transportation Supplemental Application-TX

(to be used in addition to ACORD 132 and 194)

**Name of Insured:** \_\_\_\_\_ **Policy Effective Date:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_

\_\_\_\_\_ **Agent:** \_\_\_\_\_

**DOT #** \_\_\_\_\_ **ICC #** \_\_\_\_\_ **Federal Employer ID #:** \_\_\_\_\_

**Major Clients:**

\_\_\_\_\_

Any oversized loads or Special Permits? Yes No

If yes, describe: \_\_\_\_\_

**Radius of Operation** (identify % of runs, or # of power units, which fit into the 4 categories - total to 100%)

_____%	0-50 miles	Local
_____%	51-300	Intermediate/Long
_____%	301-500	Long haul - A
_____%	Over 500	Long haul - B

**Owner Operators?** Yes No

Are Trip Lease operators used? Yes No Cost of Hire: \_\_\_\_\_

If yes, how many trip lease operators used? \_\_\_\_\_

How many trip lease operators one year ago? \_\_\_\_\_ two years ago? \_\_\_\_\_

Are Permanent (Exclusive) Lease operators used? Yes No

Cost of Hire: \_\_\_\_\_

**If any "Yes" responses, attach copy of your Contract(s) with owner operators.**

Are Bob-tail insurance certificates obtained on all owner operators? Yes No

Minimum Limit required: \$ \_\_\_\_\_

Do owner operators purchase Truckers Liability insurance or just Bobtail? \_\_\_\_\_

Do owner operators haul under their own operating rights or the Insured's? \_\_\_\_\_

Are permanent lease operators' vehicles included in vehicle schedule on application? Yes No

Do owner operators purchase their own physical damage coverage on their tractor? Yes No

Are owner operators complying with all DOT requirements? Yes No

Does insured keep complete driver files on all owner operators? Yes No

**Safety Program:**

Does the Insured have a Safety Program? Yes No

Formal: Yes No

Informal: Yes No

Date implemented: \_\_\_\_\_

Explain any material changes in the Safety Program over the past 5 years, if any: \_\_\_\_\_

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Any use of new technology to improve safety? (collision warning devices, satellite vehicle tracking, etc)

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Full Time Safety Director? Yes No

If yes, name of Safety Director: \_\_\_\_\_

If no, name of person in charge of Safety, and title: \_\_\_\_\_

Formal Accident Review Procedure? Yes No

If yes, provide copy of procedure.

If no, how are repeaters identified?

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Is Driver Check or a similar Vendor (1-800) used? Yes No

If yes, name of vendor: \_\_\_\_\_

How long has the Insured used this service? \_\_\_\_\_

Does the Insured have a policy banning radar detectors? Yes No

Other aspects of safety program worth noting:

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**Driver Management: Indicate which of the following procedures are used by Insured**

**Prior to Hiring:**

Application for employment: Yes No Previous Employer Checked: Yes No

Reference Checks: Yes No Road Test: Yes No

Written Exam: Yes No Physical Exam: Yes No

Pre-Hire Drug Test: Yes No Polygraph Test: Yes No

Minimum Age requirement \_\_\_\_\_ Police Record Checked: Yes No

Any minimum experience requirement on same equipment? \_\_\_\_\_

MVRs obtained Prior to Hire? Yes No

**After Hire:**

Road Patrols Yes No  
Driver Files per DOT Standards? Yes No  
Motor Vehicle Records Obtained: Yes No

MVR Frequency After Hire: Annually twice per year quarterly other: \_\_\_\_\_

MVR criteria. Does the Insured have criteria for establishing an acceptable MVR? Yes No

If yes, please describe: \_\_\_\_\_

Is MVR criteria in writing? Yes No Is it communicated to all drivers? Yes No

Any Driver Incentive Programs (performance or Safety)? Yes No

If yes, describe: \_\_\_\_\_

Any Disciplinary Programs? Yes No If yes, describe: \_\_\_\_\_

Are Disciplinary records kept on drivers? Yes No

Kept in Driver File? Yes No

Describe Drug Testing Program for employed drivers:

\_\_\_\_\_  
\_\_\_\_\_

Describe what driver training is provided and frequency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver Compensation:**

How are drivers paid?

Hourly Salary: \_\_\_\_\_ Revenue: \_\_\_\_\_ Per Trip / Load: \_\_\_\_\_ Per Mile \_\_\_\_\_

Other: \_\_\_\_\_ Please specify: \_\_\_\_\_

\_\_\_\_\_

**Vehicle Maintenance:**

Preventive Maintenance Program?	Yes	No
Written?	Yes	No
Vehicle records kept?	Yes	No
Based on time or mileage? _____		
Pre-trip inspections?	Yes	No
Post trip inspections?	Yes	No
In-house program?	Yes	No
Outside service?	Yes	No
If yes, are certs obtained?	Yes	No
Are owner operators required to participate?	Yes	No
Does Insured repair vehicles of others?	Yes	No
If yes, annual receipts? _____		
Are retreads used?	Yes	No
If yes, how often? _____		
If using open trailers, how are loads secured? _____		

**Personal Use of Vehicles:**

Does the Insured restrict personal use of company vehicles?	Yes	No
If yes, how? _____		
If yes, is the restriction in writing and provided to all drivers?	Yes	No
Are any vehicles taken home by employees?	Yes	No
Is any personal use allowed of <u>any</u> Company vehicle?	Yes	No
If so, provide details (are children, spouse of employees also permitted to drive?) _____		

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**Loss runs:** Attach, the current year and the past 4 years, **currently valued**. Identify liability deductibles, if any. Also, the actual time period for the exposure base and the time period for each loss run need to match.