




AUTO LIABILITY SUPPLEMENTAL APPLICATION

-  Please complete this application and answer ALL questions.
-  The completed application must be accompanied by an underlying Auto quote (If applicable)
-  An incomplete application cannot be processed. "any" is not an acceptable response. Completion of this application neither binds coverage nor guarantees that a policy will be issued.

General Information

Applicant Name:	
Mailing Address:	

Background Information

Years in business:	
Number of Employees:	
States the Insured Operates In:	

Scheduled Auto Information

Vehicle Type:	Number of Vehicles:
Private Passenger	
Light Truck (0 - 10,000 lbs GVW)	
Medium Truck (10,001- 20,000 lbs GVW)	
Heavy Truck (20,001- 45,000 lbs GVW)	
Extra-Heavy Trucks (over 45,000 lbs GVW)	
Truck Tractors	

Driver and Safety Qualifications

1. Does the applicant review MVR's prior to hiring and annually for all principals,	a. Yes <input type="checkbox"/> No <input type="checkbox"/> b. How frequent? Pre-hire <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/>
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<p>employees, independent contractors, and volunteers who drive owned, hired and/or non-owned autos while conducting the applicant's business?</p>	<p>c. Do any employees or independent contractors have any major violations including the following:</p> <ul style="list-style-type: none"> ⚡ Driving with a revoked or suspended license. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Driving Under the Influence or Driving While Impaired. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Driving in possession of alcohol or drugs. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Refusing to submit to a breath, urine or blood test. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Reckless Driving. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Driving 30 MPH over the posted Speed Limit or participating in any racing contest. Yes <input type="checkbox"/> No <input type="checkbox"/> ⚡ Commission of a felony with a vehicle (e.g. Hit and run, vehicular manslaughter, vehicular homicide, eluding a police officer). Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If yes, please elaborate on each violation:</p>
<p>2. Please indicate the following controls insured performs for all principals, employees, independent contractors, and volunteers who drive on your behalf:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written Application <input type="checkbox"/> Driving Exam/Road Test <input type="checkbox"/> Drug Test Pre-Hire <input type="checkbox"/> Formal Safety Program <input type="checkbox"/> Reference Check <input type="checkbox"/> Driver Safety Meetings <input type="checkbox"/> Formal Training Program <input type="checkbox"/> Formal Review of Accidents <input type="checkbox"/> Previous Employment Check <input type="checkbox"/> Physical Exam <input type="checkbox"/> Driver Incentive Program

Company Vehicle Use / Permissive Use Agreements	
<p>1. What are company vehicles being used for?</p>	
<p>2. Is the insured performing any third party hauling? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the insured hauling for a third party:</p> <p>If yes, what % of total operations are third party hauling:</p>	
<p>3. Is the insured hauling any hazardous material? (Applicable to both 1st and 3rd party hauling) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please elaborate on materials:</p>	
<p>4. Are employees permitted to use company vehicles for personal use? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, elaborate on the limitations of this privilege (who, under what restrictions, etc.):</p>	

5. Are employees permitted to take company vehicles home? Yes No

If yes, approximately what percent do?

6. What are the limitations surrounding consecutive hours of driving?

7. Are employees permitted to use cell phones while driving? Yes No Hands free only

Hired Autos

1. Number of autos rented by applicant annually during course of conducting business:

2. Description/types of autos rented by applicant annually:

3. Maximum distance (miles) in which leased/rented auto may be driven:

Hire Auto Vehicle Type	# of Rentals	Total Cost of Hire	Annual Mileage
Private Passenger Vehicles			
Light Trucks (0-10,000 lbs GVW)			
Medium Trucks (10,001 – 20,000 lbs GVW)			
Heavy Trucks (20,001-45,000 lbs GVW)			
Extra-Heavy Trucks (over 45,000 GVW)			
Truck Tractors			

Non-Owned Autos

1. Do employees, independent contractors, or volunteers use their own vehicles for company business? Yes No

If yes, how many employees, independent contractors, and volunteers use their own autos annually during course of conducting business on behalf of applicant:

2. What are non-owned autos being used for?

3. What limit of liability insurance are employees required to carry?

Do you require evidence of insurance? Yes No

4. What is the estimated annual mileage for all employees using their own vehicles?

5. If applicant answered yes to question 1 please complete the table below:

Daily Use	Less than 25 miles	25 – 50 miles	50 – 100 miles	100 miles or more
No. of Employees				
No. of Volunteers				
No. of Independent Contractors				

Disciplinary Actions & Retraining

<p>1. Does the insured have procedures in place to address violations and accidents? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Do employees sign-off agreeing to these terms? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>a. Elaborate on the retraining and/or disciplinary actions implemented by the insured following an accident or traffic violation (i.e. Warning, suspension, termination, retraining, etc.) :</p>
<p>3. How many drivers have been terminated in the past 3 years because of driving related infractions?</p>	

Claims Information

1. Has the insured incurred a claim or loss over \$100,000 within the past five years of operation? Yes No

If “Yes”, please provide details on each individual claim/loss:

Date Of Occurrence	Date Claim Made	Description of Loss	Amount Incurred	Open/Closed

2. In the last five years, has the insured had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants during the loading, unloading, or transportation of these materials? Yes No

If “Yes”, please provide details:

The applicant agrees, represents, and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted, or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of applicant: _____

Title of applicant: _____

Date: _____