



TRANSPORTATION / HEAVY HAUL  
SUPPLEMENTAL APPLICATION

EFFECTIVE DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ PRIMARY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FED TAX ID #: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ REPRESENTATIVE: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

**GENERAL**

DESCRIPTION OF OPERATIONS: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_

ARE YOU A: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ S-Corp \_\_\_\_\_ Other: \_\_\_\_\_

**ADDITIONAL NAMED INSURED'S:**

<u>COMPANY</u>	<u>OPERATIONS</u>	<u>EXPOSURES INCLUDED</u>	
1. _____		YES	NO
2. _____		YES	NO
3. _____		YES	NO

YEARS OF EXPERIENCE OF PRINCIPALS: \_\_\_\_\_

COMMODITY	MAXIMUM VALUE	AVERAGE VALUE	% TOTAL REVENUE



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HAVE YOU FILED BANKRUPTCY IN THE LAST 5 YEARS? YES NO

HAS YOUR INSURANCE BEEN CANCELLED FOR NON-PAY IN THE LAST 5 YEARS? YES NO

**RADIUS OF OPERATIONS:**

<50 Miles \_\_\_\_\_%    51-200 Miles \_\_\_\_\_%    201-500 Miles \_\_\_\_\_%    >500 Miles \_\_\_\_\_

WHAT IS YOUR AVERAGE LENGTH HAUL? \_\_\_\_\_ Miles

MAXIMUM LENGTH? \_\_\_\_\_ Miles

ANNUAL MIILEAGE (YEAR OVER YEAR)? \_\_\_\_\_ Miles

**HISTORIC BASE:**

	<u>POWER UNITS</u>	<u>TRAILERS</u>	<u>MILEAGE</u>	<u>REVENUE</u>	<u>PREMIUM</u>	<u>CARRIER</u>
<b>CURRENT</b>						
<b>1<sup>ST</sup> PRIOR</b>						
<b>2<sup>ND</sup> PRIOR</b>						
<b>3<sup>RD</sup> PRIOR</b>						
<b>4<sup>TH</sup> PRIOR</b>						
<b>5<sup>TH</sup> PRIOR</b>						

DO YOU TRANSPORT OWNED GOODS? YES NO

DO YOU OPERATE AS A BROKER OR FREIGHT FORWARDER? YES NO

DO YOU HAUL HAZARDOUS MATERIALS? YES NO

DO ANY OF YOUR LOADS REQUIRE PLACARDING? YES NO

EXPLANATION: \_\_\_\_\_

HAVE YOU OPERATED UNDER A DIFFERENT NAME AND/OR DOT # IN THE PAST 5 YEARS? YES NO

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_



**DRIVERS**

MINIMUM NUMBER OF YEARS EXPERIENCE REQUIRED: \_\_\_\_\_

MINIMUM AGE REQUIRED: \_\_\_\_\_ NUMBER UNDER 25: \_\_\_\_\_ NUMBER OVER 65: \_\_\_\_\_

NUMBER OF SUBHAULERS OR OWNER OPERATOR'S: \_\_\_\_\_

DRIVER TURNOVER %: \_\_\_\_\_

IS EACH DRIVER'S PRIOR EMPLOYMENT VERIFIED? YES NO

ARE ALL DRIVERS COVERED BY WORKER'S COMPENSATION? YES NO

ARE DRIVER FILES MAINTAINED ON EACH DRIVER AND REGULARLY REVIEWED? YES NO

DO YOU DO DRIVER TRAINING? YES NO

DOES YOUR DRIVER SELECTION PROCEDURE INCLUDE:

Written Application YES NO

MVR Check YES NO

How Often? \_\_\_\_\_

Reference Checks YES NO

Road Test YES NO

Written Test YES NO

Drug Test YES NO

Physical Exam YES NO

**SAFETY**

DO YOU HAVE A FORMAL SAFETY PROGRAM IN PLACE? YES NO

HOW OFTEN ARE SAFETY MEETINGS HELD? \_\_\_\_\_

ARE ALL EMPLOYEES REQUIRED TO ATTEND? YES NO

IS THERE A DEDICATED SAFETY DIRECTOR? YES NO

NAME/TITLE: \_\_\_\_\_

YEARS IN SAFETY FIELD: \_\_\_\_\_ PERCENTAGE OF TIME SPENT ON SAFETY: \_\_\_\_\_%

DO ACCIDENTS GET INVESTIGATED WHEN NECESSARY? YES    NO

IS THERE A SAFETY AWARD PROGRAM? YES    NO

ARE DOT REGULATIONS CLOSELY FOLLOWED? YES    NO

DOT SAFETY RATING: \_\_\_\_\_ AS OF: \_\_\_\_\_

DO YOU HAVE A POLICY AGAINST CELL PHONE USE WHILE DRIVING? YES    NO

**SAFETY DEVICES CURRENTLY BEING USED:**

Electronic Logging YES    NO

Electronic On-Board Recorders YES    NO

Accident Event Recorders YES    NO

Anti-rollover devices YES    NO

Speed governors YES    NO

Tracking system YES    NO

**EQUIPMENT & VEHICLE MAINTENANCE**

IS THERE A FORMAL VEHICLE MAINTENANCE PROGRAM IN PLACE? YES    NO

DO YOU DO MAINTENANCE ON YOUR OWN VEHICLES? YES    NO

ARE MAINTENANCE FILES KEPT ON ALL UNITS? YES    NO

ARE DAILY PRE-TRIP INSPECTIONS MADE? YES    NO

ARE ALL UNITS OWNED? YES    NO

ARE HYDRAULIC TRAILER BEDS USED? YES    NO

ARE TILLER AXLES USED? YES    NO

ARE ESCORTS USED? YES    NO

DO YOU HAUL TANDEM TRAILERS? YES    NO

IS THERE ANY SPECIAL EQUIPMENT MOUNTED OR ATTACHED? YES    NO

EXPLANATION: \_\_\_\_\_

\_\_\_\_\_



**MOTOR TRUCK CARGO**

DO YOU HAVE ANY WAREHOUSING OPERATIONS? YES NO

IF YES, PUBLIC, PRIVATE, BONDED OR CONTRACT? \_\_\_\_\_

RECEIPTS: \_\_\_\_\_

**\*A copy of the front and back of the warehousing receipt is required.**

ARE YOU STORING ANY COMMODITIES OVER NIGHT? YES NO

IF YES, PLEASE PROVIDE DETAILS ON SECURITY:

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

WILL A FORM H FILING BE REQUIRED? YES NO

IF FREIGHT FORWARDING, WHAT IS THE REVENUE FROM THIS OPERATION? \_\_\_\_\_

DESCRIBE METHODS USED TO SECURE CARGO: \_\_\_\_\_

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

**GENERAL LIABILITY**

HAVE ANY OP'S BEEN SOLD, ACQUIRED OR DISCONTINUED IN THE LAST 5 YEARS? YES NO

ARE CERTIFICATES OF INSURANCE OBTAINED? YES NO

DO YOU REQUIRE TO BE NAMED AS AN ADDITIONAL INSURED AS NECESSARY? YES NO

DO YOUR DRIVERS DO LOADING/UNLOADING? YES NO

ARE YOUR PREMISES WELL MAINTAINED AND FREE OF DEBRIS? YES NO

**LOSS SUMMARY**

**AUTO**

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

**GENERAL LIABILITY**

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

**MOTOR TRUCK CARGO**

<u>YEAR</u>	<u>INCURRED</u>	<u>PAID</u>	<u>RESERVES</u>	<u># OF CLAIMS</u>	<u>PREMIUM</u>

**\*\*\*CURRENTLY VALUED, DETAILED LOSS RUNS FOR THE LATEST 5 YEARS ARE ALSO REQUIRED.**

**ATTENTION**

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSUREDS, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title (Officer, Manager, Partner, Owner):** \_\_\_\_\_

**Signature of Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE\_\_\_\_\_  
DATE (MM/DD/YYYY)



For your protection, Utah law requires the following to be included in this application:

**"ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."**