



TRANSPORTATION / HEAVY HAUL  
SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_

Insured Physical Address\* (Required to Rate): \_\_\_\_\_

Insured Email Address\* (Required to Rate): \_\_\_\_\_

FEIN # (Required to Rate): \_\_\_\_\_ DOT # &/or MC #: \_\_\_\_\_

Insured Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

**How Did You Hear About Us?**

- Print Advertisement     Tradeshow/Conference     Email Broadcast     Social Media (i.e. LinkedIn)
- Internet Search     Webinar     Postcard     Friend     Other: \_\_\_\_\_

**Description of Operations**

- Lines of business submitted:
- |                          |                                  |                          |                        |
|--------------------------|----------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Commercial General Liability     | <input type="checkbox"/> | Inland Marine/Property |
| <input type="checkbox"/> | Commercial Auto/Mobile Liability | <input type="checkbox"/> | Contractors' Pollution |
| <input type="checkbox"/> | Umbrella/Excess                  |                          |                        |

Complete Description of Operations: \_\_\_\_\_

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

- Sole Proprietor     Partnership     Corporation     Limited Corporation     Joint Venture

Other: \_\_\_\_\_

If other, list description: \_\_\_\_\_

Subsidiaries:

|    | <u>Name</u> | <u>Operations</u> |
|----|-------------|-------------------|
| 1. | _____       | _____             |
| 2. | _____       | _____             |
| 3. | _____       | _____             |

Years in business: \_\_\_\_\_

Years of experience of Principals: \_\_\_\_\_

List all states where applicant has any operations: \_\_\_\_\_

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



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| Commodity | Maximum Value | Average Value | % Total Revenue |
|-----------|---------------|---------------|-----------------|
|           | \$ _____      | \$ _____      | % _____         |
|           | \$ _____      | \$ _____      | % _____         |
|           | \$ _____      | \$ _____      | % _____         |
|           | \$ _____      | \$ _____      | % _____         |
|           | \$ _____      | \$ _____      | % _____         |

**RADIUS OF OPERATIONS:**

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

Average Mileage per Haul: \_\_\_\_\_ Miles

Maximum Distance: \_\_\_\_\_ Miles

Annual Mileage (Year over Year): \_\_\_\_\_ Miles

|                       | Power Units | Trailers | Mileage | Revenue | Premium | Carrier |
|-----------------------|-------------|----------|---------|---------|---------|---------|
| Current               |             |          |         |         |         |         |
| 1 <sup>st</sup> Prior |             |          |         |         |         |         |
| 2 <sup>nd</sup> Prior |             |          |         |         |         |         |
| 3 <sup>rd</sup> Prior |             |          |         |         |         |         |
| 4 <sup>th</sup> Prior |             |          |         |         |         |         |
| 5 <sup>th</sup> Prior |             |          |         |         |         |         |

Have Any Op's Been Sold, Acquired or Discontinued in the Last 5 years?  Yes  No

Has Bankruptcy Been Filed in Last 5 Years?  Yes  No

Has Insurance Been Cancelled in Last 5 Years?  Yes  No

If Yes, Explain: \_\_\_\_\_

Do You Require to Be Named as an Additional Insured as Necessary?  Yes  No

Do You Transport Owned Goods?  Yes  No

Are Your Premises Well Maintained & Free from Debris?  Yes  No

Do You Have Warehousing Operations?  Yes  No

If Yes, Public, Private, Bonded or Contract? \_\_\_\_\_

Receipts (copy of front & Back of warehousing receipt is required) \_\_\_\_\_

Are You Storing Commodities Overnight?  Yes  No

If Yes, Provide Details on Security: \_\_\_\_\_

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Will a Form H Filing be Required?  Yes  No

Do You Operate as a Broker or Freight Forwarder?  Yes  No

If Freight Forwarding, what is the Revenue from This Activity? \_\_\_\_\_

Do You Haul Hazardous Material?  Yes  No

Explain: \_\_\_\_\_

What Percentage of Loads Require an OVERSIZE Banner? \_\_\_\_\_ %

Percentage of Loads That Require Pilot Cars/Escort? \_\_\_\_\_ %



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**Driver Details:**

Minimum Number of Years' Experience Required: \_\_\_\_\_

Min Age Required: \_\_\_\_\_ Number Under 25: \_\_\_\_\_ Number over 65: \_\_\_\_\_

Number of Subhaulers or Owner Operators: \_\_\_\_\_

Driver Turnover %: \_\_\_\_\_

In Each Driver's Prior Employment Verified? Yes  No

Are All Drivers Covered by Workers' Compensation? Yes  No

Do Any of your Drivers Perform Loading/Unloading? Yes  No

If Not, Explain: \_\_\_\_\_

Are All Driver Files Maintained on Each Driver and Regularly Reviewed? Yes  No

Does the Company Have A Driver Training Program? Yes  No

Does the 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

**SAFETY - Attach copy of Safety Program**

Name of Safety Director: \_\_\_\_\_

Safety Director reports to: \_\_\_\_\_

Years with Organization: \_\_\_\_\_ Years in the Safety Field: \_\_\_\_\_ Percentage of Time Spent on Safety: \_\_\_\_\_ %

DOT Safety Rating: \_\_\_\_\_ As of: \_\_\_\_\_

How often are safety meetings held? \_\_\_\_\_

Are Employees Required to Attend?  Yes  No

Do Accidents Get Investigated When Necessary?  Yes  No

Are DOT Regulations Closely Followed?  Yes  No

Is There a Formal Vehicle Maintenance Program in Place?  Yes  No

Is Maintenance Completed in House on Your Own Vehicles?  Yes  No

Are Maintenance Files Kept on All Units?  Yes  No

Are Daily Pre-Trip Inspections Completed?  Yes  No

Are All Units Owned by the Company?  Yes  No

Are Hydraulic Trailer Beds Used?  Yes  No

Are Tiller Axels Used?  Yes  No

Do You Haul Tandem Trailers?  Yes  No

Is There Any Special Equipment Mounted or Attached?  Yes  No

Explanation: \_\_\_\_\_

Is There an Active Employee Policy Against Cell Phone Use While Driving?  Yes  No



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**SAFETY DEVICES CURRENTLY BEING USED:**

|                               |                          |     |                          |    |
|-------------------------------|--------------------------|-----|--------------------------|----|
| Electronic Logging            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Electronic On-Board Recorders | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Accident Event Recorders      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Anti-Rollover Devices         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Speed Governors               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Telematics/Tracking System    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Dash Cameras                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| External Camera Systems       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the Safety Director's duties:

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Describe any safety award program(s):

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**SUBMISSION REQUIREMENTS**

| <b>Inland Marine / Property / General Liability</b> | <b>Commercial Auto</b>              | <b>Umbrella / Excess</b>           |
|---|-------------------------------------|------------------------------------|
| Acord Sections                                      | Acord Sections                      | Acord Sections                     |
| NBIS Supplemental Application                       | Five Years Current Loss Runs        | NBIS Supplemental Application      |
| Five Years Currently Value Loss History             | Vehicle Schedule with Cost New      | Vehicle Schedule                   |
| Equipment Schedule                                  | Driver Schedule                     | Underlying CGL Quotation           |
| Operator Certifications                             | Motor Vehicle Reports - All Drivers | Underlying Auto Quotation          |
| Equipment Inspections                               |                                     | Employer's Liability Carrier/Limit |
| Safety Program                                      |                                     | Five Year Loss Summary Each Line   |
| Lease / Rental Agreement                            |                                     |                                    |



**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**