



Supplemental Underwriting Questions

1. Is the Applicant a New Venture? _____ Yes _____ No
2. Is the applicant an owner/operator? _____ Yes _____ No
3. Has the Applicant had any policy or coverage declined, cancelled or non-renewed in the last 3 years?
_____ Yes _____ No
4. Has the Applicant, a business partner or any associate of the applicant ever file for bankruptcy under any name in the past 10 years? _____ Yes _____ No
5. Has the Applicant ever been a partner, member or an associate of any transportation firm or related field in the last 5 years? _____ Yes _____ No
6. Has the Applicant, a business partner or any associate of the applicant conducted business under any other name in the past 5 years? _____ Yes _____ No
7. Has the Applicant had any losses within the past 3 years? _____ Yes _____ No
8. Does the Applicant have any pending claims? _____ Yes _____ No
9. Is the Applicant the Registered owner(s) of all the vehicle(s) listed on this application? _____ Yes _____ No
10. Will we insure all commercial vehicles used by the Applicant in the business? _____ Yes _____ No
11. Does the Applicant own any vehicle(s) not scheduled on this application? _____ Yes _____ No
12. Does the Applicant garage all vehicles listed on the application at the addresses listed on the application?
_____ Yes _____ No
13. Does the Applicant have vehicle older than 20 years? _____ Yes _____ No
14. Does the Applicant have a fleet of more than fifty (50) vehicles? _____ Yes _____ No

15. Does the Applicant have a written Vehicle Maintenance Program? Yes No

a. If Yes, Please Attach

16. Does the Applicant haul outside of the continental USA? Yes No

17. Does the Applicant haul any goods to or from Mexico? Yes No

18. Does the Applicant hire vehicle(s), owner operator(s) owned by other parties? Yes No

19. Does the Applicant Broker loads out to others? Yes No

20. Does the Applicant have an active Brokerage Authority under the same name and/or MC#? Yes No

21. Does the Applicant Haul: Single Trailer Double Trailers Triple Trailers Oversized/Overweight
Vehicles Other Please Explain: _____

22. Does the Applicant Haul for: Trucking Company Shippers Construction Companies Building
Material Dealers Logging Companies Other Please Explain: _____

23. Does the Applicant own any cargo being transported? Yes No

24. Do you have agreements with other carriers for the interchange of equipment or transportation of loads?
 Yes No If so, Please attach

25. Does the Applicant Haul any kind of HAZMAT? Yes No

26. Does the Applicant HAUL any dangerous, caustic, radioactive or flammable cargo? Yes No

27. Does the Applicant Haul any commodities that require tight delivery time constraints? Yes No

28. Does the Applicant transport passengers? Yes No

29. Does the Applicant have any vehicles not registered or intended for road use? Yes No

30. Does the Applicant have any extra heavy vehicles not intended for interstate transport? Yes No

31. Does the Applicant Rent, Lease or Sub-Haul vehicle(s) to others? Yes No

32. Does the Applicant Rent or Lease vehicles or equipment to others without an operator? Yes No

33. Are any vehicles operated for the Applicant by others not listed on the application? Yes No

34. Are any vehicles listed on the application Titled to an individual instead of the Applicant? Yes No

35. Does the Applicant have a Formal Safety Program? _____ Yes _____ No If so, Please Attach _____
36. Does the Applicant have any cameras in the vehicle? _____ Yes _____ If so, what Type/Brand _____
37. Does the Applicant get a written job application from each Driver? _____ Yes _____ No
38. Does the Applicant do any background checks on each Driver? _____ Yes _____ No
39. Does the Applicant require a Drug Test at: _____ Time of Hire _____ Post Accident _____ Random
40. Does the Applicant obtain MVRs on each driver at the time of hire? _____ Yes _____ No
41. How often does the Applicant review MVRs? _____ Quarterly _____ Semi- Annually _____ Annually
42. Does the Applicant require regular physicals for the Drivers? _____ Yes _____ No
43. Does the Applicant have or require workers' compensation, _____ Yes _____ No *Occupational Accident on each Driver? _____ Yes _____ No
44. Does the Applicant hire any drivers from leasing firms? _____ Yes _____ No _____ Percentage
45. Does the Applicant verify that all Drivers have a current CDL for the type of vehicle driven? _____ Yes _____ No
46. Does the Applicant hire any Driver that has a DUI/DWI or any major vehicular violation in the past 5 years?
_____ Yes _____ No

Please Explain all "YES" Answers here: