



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	Radius 0-50 miles	Radius 51-200 miles	Radius over 200 miles
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)			
Heavy Tractors (20,001-45,000lbs GVW)			
Extra Heavy Tractor (over 45,000lbs GVW)			

Driver and safety qualifications

1.	<p>Does the applicant review MVR's prior to hiring and annually for all principals, employees, independent contractors, and volunteers who drive owned, hired and/or non-owned autos while conducting the applicant's business?</p>	<p>a. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. How frequent? Pre-hire <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Continuous monitoring <input type="checkbox"/></p> <p>c. How many years of experience do you require for a driving position?</p>
2.	<p>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 policy officer). Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: center;">If yes, please elaborate on each violation:</p>
3.	<p>Do you have written criteria for acceptable MVRs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide.</p>
4.	<p>Please indicate the following controls insured performs for all principals, employees, independent contractors, and volunteers who drive on your behalf:</p>	<p><input type="checkbox"/> Written Application</p> <p><input type="checkbox"/> Vehicle Maintenance Program</p> <p><input type="checkbox"/> Driving Exam/Road Test</p>

Driver and safety qualifications

		<ul style="list-style-type: none"> ▪ How often? At hire <input type="checkbox"/> Annually <input type="checkbox"/> Post-incident <input type="checkbox"/> <input type="checkbox"/> Drug Testing <ul style="list-style-type: none"> ▪ How often? Pre-hire <input type="checkbox"/> Annually <input type="checkbox"/> Random <input type="checkbox"/> For-cause <input type="checkbox"/> <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 <input type="checkbox"/> Defensive Driver Training Program
--	--	---

Company vehicle use

1.	What are company vehicles being used for?
2.	<p>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>
3.	<p>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>
4.	If using 3 rd party hauling, does the insured have a formal written contract? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company vehicle use

If yes, please provide copy of contract(s) used.

5. Also, does the insured obtain certificates of insurance, and what limits are required of the 3rd party hauler? Yes No

Required Limit: _____

6. a. Are employees permitted to use company vehicles for personal use? Yes No

If yes, elaborate on the limitations of this privilege (who, under what restrictions, what activities do they do, etc.):

a. How many employees (W2 or 1099s), use their personal vehicles in the course of the business?

NOTE: This includes but is not limited to: driving to/from customer job locations or sites, running errands, making deliveries, sales calls, hauling equipment.

- Any employee personal auto usage other than what is defined above?

Daily use	Zero (employees do not use personal autos)	1-50 miles	51-100 miles	101 miles or more	Total headcount
No. of employees (W2 or 1099s)					

b. Are family members permitted to use the vehicles?

7. Do you provide employees using personal vehicles with any mileage reimbursement or vehicle allowance? Yes No

8. What limit of liability insurance are employees using their personal auto required to carry?

a. Do you require evidence of insurance? Yes No

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

Company vehicle use

	If yes, approximately what percent do?
10.	<p>What are the limitations surrounding consecutive hours of driving?</p> <p>Do you have a fatigue management program in place?</p>
11.	<p>Are employees permitted to use cell phones while driving? Yes <input type="checkbox"/> No <input type="checkbox"/> Hands free only <input type="checkbox"/></p>
12.	<p>Are telemetric devices being used on company vehicles? If so, what percentage of fleet has a telemetric device installed?</p> <p>Who reviews the data?</p> <p>What data is reviewed?</p>

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:			
	Hired 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. Do you provide employees using personal vehicles with any mileage reimbursement or vehicle allowance? Yes No

If so, what is your company's personal auto policy? Please explain or provide your company policy(ies) for personal vehicle usage and reimbursement.

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

Do you require evidence of insurance? Yes No

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

6. 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

1.	Does the insured have procedures in place to address violations and accidents? Yes <input type="checkbox"/> No <input type="checkbox"/>	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.) :
2.	Do employees sign-off agreeing to these terms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	How many drivers have been terminated in the past 3 years because of driving related infractions?	

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

Claims information

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: