



## Transportation Supplement Questions

1. Information about employees:

# of drivers:

# of owner operators:

# of mechanics:

# of clerical staff:

Minimum driver age:

Minimum driver experience:

Driver turnover %:

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2. Driver selection procedures: (Written application; Written test; MVR review; Physical; Interview; Reference checks; Drug test; Driving test)

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3. Have any drivers been convicted of negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, felony conviction which involves a motor vehicle, speed twenty miles or more over the speed limit, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI?

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4. Any drivers with 4 or more moving violations and/or at fault accidents in the past 3 years?

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5. How are drivers compensated?

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6. Vehicle operations monitoring: (Recording device; Radio dispatch; Surveillance devices; Anti-theft devices; GPS services; Back-up cameras/alarms; Other)

If other, please provided details:

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Applicant / Approver

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Signature



## Transportation Supplement Questions (Continued)

7. Operational Territory Percentage:

Rural:

Suburban:

Metropolitan/urban:

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8. Radius of operations:

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9. Number of power units (including lease to and from others):

Conventional:

Straight trucks:

Dump trucks:

Cabovers:

Wreckers:

Other:

If other, please provided details:

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10. Number of trailers:

Van/dry box:

Intermodal containers:

Flatbed:

Reefer:

Dry bulk:

Liquid tanker:

Hopper bottom:

Logging:

Livestock:

Compressed gas:

Doubles/triples:

Dump:

Open top van:

Auto transporter:

Other:

If other, please provided details:

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Applicant / Approver

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Signature



## Transportation Supplement Questions (Continued)

11. List commodities hauled and total percent of freight:

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12. Which of the following does the insured haul: (Hazardous materials; Explosive/flammable gasses; Livestock; Oversized loads; Heavy machinery; Logs/timber/woodchips; Chemicals; Liquids; Coal; Motor vehicles)

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13. Any use of sub-haulers or owner/operators?

If yes, do you use a written subcontractor agreement containing hold harmless/indemnity agreement?

If yes, what percentage of insured's total labor exposure is owner operator vs W2 employees?

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14. Do you allow family members or guest passengers to "ride along"?

15. Do you lend, lease or rent trucks or equipment to others without drivers/operators?

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16. Do you comply with all DOT/FMSCA regulations concerning driver employment, file and regulations?

17. Have you or any business you've owned ever filed bankruptcy?

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18. Do employees perform roadside repair/service?



## Transportation Supplement Questions (Continued)

19. Any manual loading/unloading or manual tarping?

20. US DOT #:

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21. ICC #:

22. MC/MX #:

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23. Do employees of the insured operate armored vehicles or party buses?

24. Does the insured perform any emergency or non-emergency medical transportation?

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25. Do employees of the insured deliver packages for Amazon or similar type company?

26. Does the insured take any overnight trips?

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27. Any delivery by bicycle?

28. Is this a moving company?

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29. Does the insured operate between 12 a.m. and 6 a.m.?

30. Any towing, auto repossession, or work more than 55 hours a week?

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31. Check which apply to the insured's operations: (Has drivers that solely make restaurant deliveries and are employed directly by the restaurant; Transports goods of others or provide transportation services to members of the general public)

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Applicant / Approver

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Signature