



## Sand & Gravel Supplemental Application

<b>Named Insured:</b>	
<b>Effective date:</b>	

### Basic Insured information:

1. What are the insured's total annual receipts? \$
2. Any cancels, declines or non-renewals in last 3 year?  Yes;  No
  - a. If yes, please explain:
  - b. If new venture, please provide details on prior ownership/management experience:
3. Attach 3 year current valued hard copy loss runs from prior carrier. Please explain any incurred losses over \$10K here:
4. How many contracts does the applicant have? . Are they written contracts?  Yes;  No  
Who are their contracts with?

### Management:

1. Does the insured have someone designated as a fleet safety director?  Yes;  No
2. Will the insured agree to exclude drivers that we deem to be presenting an unacceptable or non-standard exposure?  Yes;  No
3. If in a state where driver exclusions are not an option (either by state law or by carrier choice), would the insured agree to restrict, to non-driving duties, drivers deemed to present an unacceptable or non-standard exposure?  Yes;  No
4. Will the insured agree to cooperate with our Loss Prevention Representative and any recommendations?  Yes;  No

### Driver Controls:

1. Are pre-employment applications used?  Yes;  No
2. Are pre-employment physicals given?  Yes;  No
3. Do they have a driver training program?  Yes;  No
4. Are DOT files kept and documented on all drivers where required?  Yes;  No
5. How are drivers compensated?
  - a. Hourly wage? \$
  - b. Salaried? \$
  - c. Per trip?
  - d. Any other bonuses or benefits? (Health plan, safety incentives, etc)  Yes;  No If yes, please list:

**Safety Program:**

- 1. Does the insured hold regular driver safety meetings?  Yes;  No
- 2. Do autos travel any unusual geography or radius of operation?  Yes;  No If so, explain:
- 3. Is there any accident investigation done by the insured?  Yes;  No If so, explain:
- 4. Has the insured ever been cited by the DOT or any regulatory authority for being out of compliance?  Yes;  No. If yes, explain:
- 5. Are ICC, PUC or other filings required?  Yes;  No. If yes, which ones?  
Motor Carrier #:
- 6. Any pollution exposure?  Yes;  No. If yes, explain:

**Vehicle Maintenance:**

- 1. Is there regularly scheduled preventative maintenance that is documented?  Yes;  No
- 2. Do they keep written maintenance records on *each* vehicle?  Yes;  No
- 3. Do drivers normally operate the same vehicle each day?  Yes;  No
- 4. Are drivers required to complete a pre-trip inspection of vehicles?  Yes;  No  
If yes, is written documentation kept in vehicle records?  Yes;  No
- 5. Are driver's maintenance complaints done in writing?  Yes;  No
- 6. What is the average annual mileage per unit? (attach separate schedule if necessary) /unit
- 7. What is the maximum annual mileage per any single unit? miles

**Hired & Non-Owned Auto:**

- 1. Any power units leased from others?  Yes;  No. If yes, what is the annual cost of hire? \$
- 2. If there is a hired auto exposure, are vehicles hired with or without drivers?  With;  Without. If "with" driver, please provide info on known driver controls, type of contract, etc.:
- 3. Any trailers transported under an interchange agreement (trailer interchange exposure)?  Yes;  No. If yes, please provide details on the type of contract, hold harmless agreement, etc:
- 4. If leasing vehicles or trailers from others, does the insured require certificate of insurance proving limits equal or greater than their own?  Yes;  No. And ask to be named as an additional insured on the hired trucker's policy?  Yes;  No
- 5. Any vehicles leased to others?  Yes;  No. If yes, please provide details on which vehicles are leased out, the type of contract, hold harmless agreement and if it is with or without drivers:

**Any other details or comments:**