

Agency: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## AUTO & HNO SUPPLEMENTAL APPLICATION

Named Insured (list all Additional Named Insureds and their operations along with ownership): \_\_\_\_\_



Years in Business: \_\_\_\_\_ Years Experience in Industry: \_\_\_\_\_  
 FEIN #: \_\_\_\_\_ DOT # : \_\_\_\_\_ Any Filings?: \_\_\_\_\_  
 Name of Designated Person Responsible for Safety/Compliance: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this person an employee or a consultant? Employee Consultant  
 If an employee, year the individual became responsible for Safety/Compliance for the company?: \_\_\_\_\_

## GENERAL INFORMATION SECTION

Are all garage locations secured?: ..... Yes No

If yes, describe security?:

Radius of Operations (list % of trips):		
0-50 miles: _____ %	51-200 miles: _____ %	Over 200 miles: _____ %
Intrastate: _____ %	Interstate: _____ %	

Are all vehicles titled under the business?: ..... Yes No

Are all vehicles reported on the schedule and/or Acord application?: ..... Yes No

Do you perform any hauling for hire that is NOT in conjunction with a crane lift?: ..... Yes No

If yes, describe:

Do you operate any trucks or trailers that have special equipment, alterations or customizations?

If yes, what vehicles are modified and provide details of modifications:

Any third Party Trucking for hire?: ..... Yes No  
If yes, is a contract used?: ..... Yes No  
Has any insurance carrier cancelled or declined to renew your coverage within the past 5 years? ..... Yes No  
If yes, why?: .....

Power unit count for the past 5 years?:

Expiring Term: \_\_\_\_\_ 1st Prior Year: \_\_\_\_\_ 2nd Prior Year: \_\_\_\_\_ 3rd Prior Year: \_\_\_\_\_ 4th Prior Year: \_\_\_\_\_

## SAFETY MANAGEMENT SECTION:

Do you have a Written Safety Program that is implemented and enforced at your company?: ..... Yes No  
Safety Meetings are held?: ☐ Weekly ☐ Monthly  
Do you have a Written Driver Training Program?: ..... Yes No  
Do you have a drug-testing program in place that includes post-accident?: ..... Yes No  
Do you utilize GPS fleet telematics devices?: ..... Yes No

If yes:

Please check off the fleet telematics being utilized: ☐ Plug In ☐ Hard Wired ☐ Mobile Phone Other

What does the fleet telematics track?: .....

What percentage of your fleet is provided with these fleet telematics?: \_\_\_\_\_%

Does your Fleet Safety Manual address disciplinary actions for excessive speeds, hard stops, etc.? ..... Yes No  
How many incidents are allowed before action is taken?: ..... Yes No  
Are any vehicles governed? If so, please provide to what speed and what units this pertains to?: ..... Yes No  
Do your vehicles contain permanently installed video cameras?: ..... Yes No  
Have you had any DOT (CAB/SAFER) violations in the last 24 months?: ..... Yes No

If yes:

Explain those infractions and what actions were taken as a result:

## DRIVER MANAGEMENT SECTION:

Do you have a formal written driving policy in place with MVR standards?: ..... Yes No  
If yes:  
Is the driving policy communicated in writing to all employees?: ..... Yes No  
Is a signed acknowledgment form kept on file?: ..... Yes No  
If yes, please provide a copy of signed acknowledgment.  
Does the driver policy contain a progressive disciplinary procedure?: ..... Yes No  
Indicate any immediate termination/suspension safety violations included in the driving policy?: ..... Yes No  
Do you have a driver safety incentive plan?: ..... Yes No  
Does it contain a Cell Phone use policy?: ..... Yes No

If yes, describe:

**Do driving policy standards include the following:**

Personal Use Policy Included?:..... Yes No

Describe:

Distracted Driver Policy? ..... Yes No

Substance Abuse Policy?: ..... Yes No

How often do you check MVR reports?:.....

What is the criteria for hiring drivers: Minimum Age:.....; Minimum Years of Experience:.....

Does the schedule submitted contain all drivers?..... Yes No

Do you have any employees who are currently in a "not allowed" to drive status?:..... Yes No

Do you have any drivers under the age of 23 or over 70: ..... Yes No

If yes, explain what units they are operating and role with the company?: .....

Do you utilize the FMCSA pre-employment screening (PSP) when hiring?:..... Yes No

Do you allow any newly hired drivers to operate vehicles without going through company specific

documented driver training?: ..... Yes No

Describe any ongoing training provided to drivers:

Do you allow employees to drive personal vehicles for business purposes?:..... Yes No

Do you maintain complete DOT compliant driver qualification files on each driver?:..... Yes No

Do you have any CDL drivers under the age of 23?: ..... Yes No

If yes, provide age and verification the driver has at least three years of CDL driving experience: .....

Do you have any CDL drivers over 23 with less than three years of CDL experience?: ..... Yes No

If yes, provide driver name and experience:.....

Do you have a formal auto accident review program?

Do you perform any pre-employment, reasonable suspicion, and post-accident drug testing for all drivers?: ..... Yes No

Explain:

**MAINTENANCE SECTION**

Do you have a formal written vehicle maintenance program?: ..... Yes No

Describe the type of maintenance performed in-house versus the type of work out sourced?:

Are in-house mechanics professionally certified?: .....	Yes	No
Do you maintain maintenance logs on each vehicle?: .....	Yes	No
Do you conduct Pre/Post trip inspections daily?: .....	Yes	No

## HIRED NONOWNED SECTION

If not needed CHECK HERE and no need to answer the following questions: (add Check box)

HNO coverage being requested for incidental purpose?: .....	Yes	No
---	-----	----

How often are personal or rented vehicles used for business?: .....

How many employees use their own vehicles for business?: .....

How many rented vehicles are used annually?: .....

What is the annual cost?: \$ .....

What types of vehicles are rented?: .....

What purposes will hired autos be used (e.g. business trips, sales/services calls, transportation of equipment, etc.)?: .....

What driving policies are in place such as personal auto policy or rental company insurance?: .....

Are any vehicles rented, leased, or hired for more than 30 days?: .....	Yes	No
---	-----	----

Are driving records of employees regularly checked?: .....	Yes	No
--	-----	----

Who maintains the coverage and ensures compliance?: .....

Any past claims related to hired or non-owned vehicles within last 5 years?: .....	Yes	No
--	-----	----

How many incidents or accidents occurred recently related to hired or non-owned coverage?: .....

Do you have other vehicle or business auto insurance?: .....	Yes	No
--	-----	----

What are your current personal auto policy liability limits?: .....

What personal auto limits are required for employees?: .....

Do they get compensated for their own vehicle use?: .....	Yes	No
---	-----	----

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, Incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **APPLICANT'S WARRANTY STATEMENT FRAUD STATEMENT**

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Retail Agent: \_\_\_\_\_

Date: \_\_\_\_\_