



# Trucking Insurance Program

## New Furniture and Appliance Delivery Supplemental

### Commercial Auto

Require State or Federal Filings?  Yes  No

DOT#: \_\_\_\_\_

### Description of Operations

Are There Any Employees or Contractors Below the Age of 23?  Yes  No

Number of Years this Entity in Business: \_\_\_\_\_

Number of Years Owner(s) in Delivery Business: \_\_\_\_\_

Crosses State Lines?  Yes  No

Driving Radius for Deliveries: \_\_\_\_\_ Miles

If > 100 Miles, please explain: \_\_\_\_\_

Any other Office Locations or Premises?  Yes  No

Garaging Location if Different from Mailing Address: \_\_\_\_\_

Owns or Operates Warehousing or Storage for Products Delivered?  Yes  No

Deliveries Across Threshold Percent: \_\_\_\_\_%

Is the Installation or Assembly of Goods Required?  Yes  No

Have a formal training program?  Yes  No

Hire drivers from other leasing firms?  Yes  No

Lease, loan, or rent vehicles to others?  Yes  No

Maintain completed and signed employment applications?  Yes  No

Obtain MVRs at time of hire?  Yes  No

Perform Road Tests?  Yes  No

## Delivery Questions

Percentage of Deliveries Completed by One Person: \_\_\_\_\_%

Percentage of Deliveries Completed by Two People: \_\_\_\_\_%

Percentage of Deliveries Completed by Three People: \_\_\_\_\_%

Percentage of Deliveries Completed by Four People: \_\_\_\_\_%

Provide Hot Shot or Rapid Response Deliveries?  Yes  No

Use any Volunteers or Day Laborers?  Yes  No

## Cargo Coverage

Max Value at any One Location: \$\_\_\_\_\_

Max Value in any One Truck: \$\_\_\_\_\_

Average Value in any One Truck: \$\_\_\_\_\_

Average Value of any One Product: \$\_\_\_\_\_

**Agency Name**

**Trucking Furniture & Appliance Delivery Supplemental**

SOURCE	AGENT	POLICY EFFECTIVE DATE	Today DATE

<b>Insured Name</b>			<b>Company Name (DBA)</b>			Years Prior Ins	Years In Bus
Operations			Telephone	Email Address			
US DOT #	MC #	CA#	SSN / FEIN	For Hire	Private	Non-Trucking	
Street			City			State	ZIP
Mailing:							
Physical:							
Garaging:							

RADIUS	Radius by Percentage							Average	Longest
	< 50	51 - 100	101 - 200	201 - 300	301 - 500	501 - 1,500	> 1,500		
CITIES Traveled to					STATES Traveled to				

Commodities Hauled and Percentages									

Schedule of Drivers (attach additional list as needed)								
Name	DOB	LICENSE	State	Class	Yrs Exp	Hire Date	Accident(s)	Violation(s)

SCHEDULE OF VEHICLES (attach additional list as needed)						
Year	Make	Type	VIN	Value	G.V.W.	Lienholder/Notes:

Prior Insurance Carrier	Effective	Expiration	Policy Number	Premium	# Losses	Liability Losses	PD Losses	#Units
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	

**ADDITIONAL LOSS INFORMATION**

Requested Limits			
Auto Liability - CSL	Auto Liability - Deductible	Uninsured Motorist-Property Damage	Uninsured Motorist- Bodily Injury
Motor Truck Cargo / On The Hook	Motor Truck Cargo-Deductible	Reefer Breakdown- Yes/No	Medical Payments
Physical Damage - Truck(s)	Physical Damage - Trailer(s)	Physical Damage-Deductible	Trailer Interchange
Garage liability	Garage liability - Deductible	Garage Keeper	Garage Keeper - Deductible