



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: \$_____