

Date:

Company Name:

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1. Were Federal Motor Carrier Safety Regulations Pocketbooks given to all employees with signed signature of receipt?

Yes No

2. Does the insured have a vehicle maintenance program in place? Yes No

3. Does the insured monitor driving records, MVR's, etc.? Yes No

4. Are current medical certificates on file? Yes No

5. Is there a comprehensive safety program in place? Yes No

6. Do the drivers get paid by the hour or by the load? Load Hour

7. Do the drivers pull double trailers? Yes No

8. Do the drivers pull triple trailers? Yes No

9. Are there any team driver operations? Yes No

10. Are the insured/drivers responsible for the loading and unloading? Yes No

If not, who is responsible?

11. Are the insured/drivers responsible for securing their loads? Yes No

If not, who is responsible?

12. Please list truck drivers who have been licensed for less than three years (CDL):

13. Does the insured wash/sweep off trucks prior to leaving a job site? Yes No

14. Are FMCSA, PUC, or other filings required? Yes No

15. DOT/MC Number:

16. Do you haul any hazardous material? Yes No

17. Do you arrange loads, or act as a broker? Yes No

If yes, provide brokerage revenue, docket number, and percentage of contracts from a direct shipper:

**18. Do you haul loads for other truckers?**      Yes      No

If yes, who do you haul for and is it under a long-term contract or a lease trip contract?

**19. Do you lease or hire drivers or equipment from others?**      Yes      No

If yes, on what basis (permanent or trip lease)?

If permanent, are the autos scheduled on the application?      Yes      No

If hired, are the autos hired with or without drivers?      With      Without

If Trip Lease, what is the cost of hire?

**20. Is there a full time Risk Manager?**      Yes      No

Years of experience in this role?

**21. Is there a Driver Incentive Program?**      Yes      No

**22. Is there Drug Testing Program?**      Yes      No

Please describe:

**23. Are there any Telematics Devices in use?**      Yes      No

Please describe:

## Commodities Hauled

Commodity	Percentage	Average Value	Max Value

**Historical Mileage/Revenue/Power Unit Count**

	Mileage	Revenue	Unit Count
Projected			
Current			
1st Prior			
2nd Prior			
3rd Prior			
4th Prior			

24. Number of company owned vehicles:

25. Number of owner operator vehicles:

26. Please, **submit** a copy of the contract you use if you hire owner operators.

27. Please, **submit** most recent 4 quarter IFTA reports.

28. Please indicate breakdown of mileage: 0-50      %      51-200      %      Over 200      %

Applicant's Signature:

Date:

Agent's Signature:

Date: