

## Transportation Supplemental

<b>Your Name</b>	
<b>Your Email</b>	
<b>Your Phone</b>	
<b>Your Agency</b>	
<b>Insured Co.</b>	

DOT# \_\_\_\_\_ MC# \_\_\_\_\_

1. Are there safety meetings that specifically address driving practices?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

2. Are MVR's ordered prior to hiring new drivers?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

3. Are MVR's ordered on all vehicle operators annually?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

4. Are there written rules for the withdrawal of driving privileges for serious driving violations (i.e. DUI, reckless driving, leaving the scene of an accident, committing a felony with an auto, or speeding more than 20 miles an hour over the posted speed limit)?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

5. Are MVRs ordered on all non-employee drivers who may use a company vehicle?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

6. Do you have a policy on personal use of company vehicles by employees?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If so, how is this enforced?

7. Are there any non-employee drivers:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

a. Does management provide written approval of all non-employee drivers?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

b. Does the agent or insured include non-employee operators on the driver's list?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

8. Are certificates of insurance acquired from employees who use their personal vehicles on company business?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

9. Is there a formal procedure in place for drivers to report accidents?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

10. Are mandatory drug tests required within 24 hours of any accident?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

11. Is there a procedure for management to investigate accidents at the time of loss?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

12. Are there post accident reviews to identify problems?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

13. Are there random drug & alcohol tests for all operators of company vehicles?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

14. Does the company have a formal driver selection process?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

15. If yes, does it include the following:

\_\_\_\_ reference checks

\_\_\_\_ physical exams

\_\_\_\_ driving test

\_\_\_\_ drug testing

\_\_\_\_ criminal background check

If no, please describe your driver selection process:

16. Does the driver perform a visual inspection of the assigned vehicle daily?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

17. Are records kept of any reported deficiencies and corrective actions taken?

\_\_\_\_\_Yes                      \_\_\_\_\_No

18. Are records kept for schedule and unscheduled maintenance on vehicles?

\_\_\_\_\_Yes                      \_\_\_\_\_No

19. Do you have any full time vehicle maintenance personnel on staff?

\_\_\_\_\_Yes                      \_\_\_\_\_No

20. Is there a company policy on underage drivers using company vehicles?

\_\_\_\_\_Yes                      \_\_\_\_\_No

21. Are family members allowed to use the private passenger vehicles?

\_\_\_\_\_Yes                      \_\_\_\_\_No

22. Does the applicant haul hazardous materials?

\_\_\_\_\_Yes                      \_\_\_\_\_No

If yes,

\_\_\_\_\_ % of hazardous materials

\_\_\_\_\_ % of non-hazardous materials

23. Does the insured transport any of the following?

\_\_\_\_\_Explosives

\_\_\_\_\_Ammunition or Fireworks

\_\_\_\_\_Magnesium

\_\_\_\_\_ Fuses

\_\_\_\_\_ Celluloid

\_\_\_\_\_ Pyroxylin

\_\_\_\_\_ Radioactive substances or Hazardous waste

\_\_\_\_\_ Live animals

24. Indicate % of routes:

\_\_\_\_\_ % regular

\_\_\_\_\_ % irregular

Radius:

\_\_\_\_\_ % under 100 miles

\_\_\_\_\_ % 101-250 miles

\_\_\_\_\_ % 250-500 miles

\_\_\_\_\_ over 500

Drivers:

\_\_\_\_\_ % single drivers

\_\_\_\_\_ % co-driver teams

25. Does the applicant lease owner operators?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, are the owner operators included on the policy?

26. What percentage of the Applicant's deliveries are Less Than Load (LTL)?

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\_\_\_\_\_ %

Of those, what percentage is

\_\_\_\_\_ % manual

\_\_\_\_\_ % mechanical loading

27. Do they use lumpers?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

28. Are lumpers insured?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

29. Does the Applicant have "hook and drop only" loads?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

30. What percentage of the Applicant's drivers tarp their own loads?

\_\_\_\_\_ %

Of that, what percentage is \_\_\_\_\_ % manual vs \_\_\_\_\_ % mechanical

31. What percentage of the Applicant's drivers secure their own loads?

\_\_\_\_\_ %

32. What are the methods for securing loads:

33. Applicant's Auto Liability Carrier including limits:

34. Applicant's annual percentage of driver turnover?

\_\_\_\_\_ %

35. Total number of drivers during previous calendar year:

\_\_\_\_\_

36. Number of 1099 forms issued for previous calendar year:

\_\_\_\_\_

37. Number of W2 forms issued for previous calendar year:

\_\_\_\_\_

38. Please indicate the number of vehicles owned in each of the following categories:

\_\_\_\_\_ Light trucks (0-10,000 GVW)

\_\_\_\_\_ Medium trucks (10,001-20,000 GVW)

\_\_\_\_\_ Heavy trucks (20,001-45,000 GVW)

\_\_\_\_\_ Extra Heavy trucks (Over 45,000 GVW)

\_\_\_\_\_ Heavy truck tractors (0-45,000 GCW)

\_\_\_\_\_ % service \_\_\_\_\_ % retail \_\_\_\_\_ % commercial

\_\_\_\_\_ Extra-Heavy truck tractors (Over 45,000 GCW)

39. Please indicate the number of trailers types owned in each of the following categories:

\_\_\_\_\_ semi trailers

\_\_\_\_\_ trailers

\_\_\_\_\_ service or utility trailers (0-2,000 load capacity)

## **Transportation–Towing**

1) Does the insured perform any of the following operations?

- a) \_\_\_\_\_ Vehicle repossession
- b) \_\_\_\_\_ Rappelling on hillside/cliff/canyon to retrieve vehicle
- c) \_\_\_\_\_ Recovery of vehicles transporting hazardous materials
- d) \_\_\_\_\_ Underwater recovery
- e) If yes to any of the above, please describe in more detail

2) Are any of the insured's towing vehicles equipped with police scanners?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3) Does the insured perform any lowbed/heavy hauling/transportation of large items?

\_\_\_\_\_ Construction Equipment



\_\_\_\_\_ Farm Equipment

\_\_\_\_\_ Oversized Loads

\_\_\_\_\_ Airplanes

- 4) What percentage of your operations involves towing of trucks that are one ton or greater?

\_\_\_\_\_ % buses

\_\_\_\_\_ % RVs

\_\_\_\_\_ % trailers

\_\_\_\_\_ % auto trailer

- 5) Does the insured have a contract with AAA, CHP, or the Police Department?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

### **Transportation (NEMT, Bus, Limo, Ops)**

- 1) Are vehicles company owned?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If so, provide # and type:

\_\_\_\_\_ Car          \_\_\_\_\_ Van          \_\_\_\_\_ Ambulance

\_\_\_\_\_ Truck          \_\_\_\_\_ Bus

2) Any group transportation of 4 or more employees?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3) Are vehicles equipped with sirens or lights?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

4) Any passengers transported by gurney or stretcher?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

5) Are all stops scheduled in advance?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

6) Is patient handling training provided?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

7) Are drivers road tested prior to official hire?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

8) Does operation have written procedures for the use of wheelchair lifts?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

9) Does operation have written procedures in place for securing wheelchairs?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

10) Does operation include transportation of any developmentally disabled passengers?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No