



Account Submission Documents

Motor Carrier

- ❖ Motor Carrier Supplemental- Include 3 yrs loss runs for independent contractor workers comp or occupational accident.
- ❖ Driver Schedule-Include Name, DOB, CDL #
- ❖ Vehicle Schedule- Make, Model, Year, Vin #
- ❖ Once Approved Signed Motor Carrier Agreement

Driver.

- ❖ Completed driver Application
- ❖ Copy of the driver's CDL, MVR and Long form DOT Physical