



MOTOR CARRIERS SUPPLEMENTAL INFORMATION

1. Company Name: _____
2. Company Address: _____
3. City/State/Zip: _____
4. MC/DOT # _____
5. Web Address _____
6. Insurance Carrier _____ Policy Expiration Date: _____
7. Type of Carrier: Private Contract Common Other _____
8. Do all drivers work exclusively under your DOT Authority? Yes _____ NO _____ (explain)
9. What Commodities are carried? _____
(Provide % of each commodity, please provide specifics, more than just "General Freight")
10. What is the Radius of Operation? _____
(Attach a Copy of your Schedule B)
11. Is there a Formal Driver Training and Safety Program? _____
(Please describe, attach a separate page include disciplinary procedures)
12. What are your Driver Hiring Standards? _____
(Attach a copy)
13. What is the Turnover Ratio? (i.e., total drivers vs. new hires in the last 12 months) _____
14. Do Drivers do Loading and/or Unloading? _____ What Percentage of Loads _____
15. Is there a Call-In System? _____ How Often? _____
16. Are Sleeper Units Used? _____ Two Drivers? _____
17. Are Units Equipped with Speed and Trip Recorders? _____
18. What is the Maintenance Schedule? _____
19. Who Performs Routine Maintenance? _____
20. Is there a Formal Equipment Repair Request for use by Drivers to Notify Management of Deficiencies? _____
21. Is there a Driver's Inspection Log for Pre-Trip and In-Service inspections? _____
22. What is the Average Age of the Tractors? _____ Age of Oldest Unit? _____
(Attach a copy of your Equipment Standard and a Vehicle Schedule)
23. What is the Accident Reporting Procedure? _____
(Attach a copy)
24. Does the insured use flatbed trucks? _____ What % is flatbed? _____
25. What Process does insured use in Tarping Loads (if applicable)? _____
26. Manual? _____ Automatic System? _____
27. Do you utilize Owner Operators? Yes _____ No _____ Total Number _____
(Provide a Copy of the Owner Operator Agreement)
28. What is the Total Percent of Owner Operators to Total Drivers? _____
29. How are the Owner Operators Paid? Miles Trip Load Hour Other
30. Do you haul Hazardous Waste ? _____ What Percent of your Loads are Hazmat? _____
31. Describe any Hazmat exposure (attach a separate page if necessary)

General Comments: _____

Company Representative _____ Title/Position _____ Date: _____