



MOTOR CARRIER SUPPLEMENTAL QUESTIONNAIRE

PRE-APPROVAL OF MOTOR CARRIER REQUIRED PRIOR TO ACCEPTING DRIVERS

| MOTOR CARRIER INFORMATION | | | | | | | | | |
|---|--|-------------|----------------|----------------------|-----------------|--|---------------|--|-------------|
| Name: | | | | | | | | | |
| Address: | | | | City: | | | State: | | Zip: |
| FEIN #: | | | DOT #: | | | | MC #: | | |
| Phone: | | Fax: | | | Website: | | | | |
| Contact Person: | | | | | | Title: | | | |
| Direct Phone: | | | E-Mail: | | | State(s) Drivers are Contracted Out Of: | | | |
| SUPPLEMENTAL INFORMATION | | | | | | | | | |
| Insurance Carrier: | | | | | | Policy Expiration Date: | | | |
| Type of Carrier: | Private | | Contract | | Common | | Other | | |
| What Commodities are carried? <i>(Provide percentage of each commodity with specifics. Please provide more than "General Freight") Attach a separate page if necessary</i> | | | | | | | | | |
| 1: | % | | 2: | | % | | 3: | | % |
| Do all drivers work exclusively under your DOT Authority? <i>Please describe in detail on a separate page.</i> | | | | | | | | | |
| | Yes | | No | | | | | | |
| What is the radius of operation? <i>Attach a Copy of your Schedule B</i> | | | | | | | | | |
| | 0-50 Miles: | | % | 50-200 Miles: | | % | 200+ Miles | | % |
| Is there a formal Driver Training and Safety Program? Yes No Safety Director Name: | | | | | | | | | |
| | <i>Please describe in detail on a separate page including disciplinary procedures.</i> | | | Direct Phone: | | E-Mail: | | | |
| What are your Driver Hiring Standards? <i>Please provide a detailed copy.</i> | | | | | | | | | |
| What is the Turnover Ratio? <i>(i.e., total drivers vs. new hires in the past 12 months)</i> | | | | | | | | | |
| What is the Average Age of the Tractors? Age of Oldest Unit? <i>(Attach a copy of your Equipment Standards and a Vehicle Schedule)</i> | | | | | | | | | |
| Is there a Call-In System? Yes No If, yes, How Often? | | | | | | | | | |
| Are Sleeper Units Used? Yes No If yes, Two Drivers? Yes No | | | | | | | | | |
| Are Units Equipped with Speed and Trip Recorders? Yes No | | | | | | | | | |
| What is the maintenance Schedule? | | | | | | Who Performs Routine Maintenance? | | | |
| Is there a Formal Equipment Repair Request for use by Drivers to Notify Management of Deficiencies? Yes No | | | | | | | | | |
| Is there a Driver's Inspection Log for Pre-Trip and In-Service Inspections? Yes No | | | | | | | | | |
| What is the Accident Reporting Procedure? <i>(Please attach a copy of the procedure)</i> | | | | | | | | | |
| Do Drivers Perform Loading and/or Unloading Yes No If yes, What Percentage of Loads | | | | | | | | | |
| Do you utilize Owner Operators? Yes No If yes, Total Number? <i>(Please provide a copy of the Owner Operator Agreement)</i> | | | | | | | | | |
| What is the Total Percent of Owner Operators to Total Drivers? % | | | | | | | | | |
| Owner Operators Wages Reported as: 1099 W2 | | | | | | | | | |
| How are Owner Operator Paid? Miles Trip Load Hour Other | | | | | | | | | |
| Does the Insured use Flatbed Trucks? Yes No If yes, What percent is Flatbed? % | | | | | | | | | |
| What Process does insured use in Tarping Loads? <i>(If applicable)</i> N/A Manual System Automatic System | | | | | | | | | |
| Does the Motor Carrier haul hazardous materials? Yes No If yes, what percent of TOTAL Loads is hazardous materials? % <i>(Please describe any Hazmat Exposure in detail. Attach a separate page if necessary)</i> | | | | | | | | | |

Company Representative Printed Name: _____

Title Position: _____

Signature: _____ Date: _____