



### Trucking Supplemental Questionnaire

Named Insured: \_\_\_\_\_

MC #: \_\_\_\_\_ DOT# \_\_\_\_\_ Policy # \_\_\_\_\_

Years in Business: \_\_\_\_\_ Website Address: \_\_\_\_\_

**General Information:**

Insured is a:  Common Carrier  Contract Carrier  Private Hauler  Freight Broker/Forwarder

Filing Required:  FMCSA  State DOT  MCS-90  Other \_\_\_\_\_

Is all equipment owned or long term leased by Named Insured included on this schedule:

Yes  No

Is all equipment operated under Named Insured's authority included on this schedule?  Yes  No

If "No", please explain: \_\_\_\_\_

Have you filed for bankruptcy within the last 5 years?  Yes  No

Power Units: Current Year \_\_\_\_\_ Prior Year \_\_\_\_\_ Next Prior Year \_\_\_\_\_

Gross Receipts:

Estimated Next Year: \_\_\_\_\_ Est. This Year: \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Gross Mileage:

Estimated Next Year: \_\_\_\_\_ Est. This Year: \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

**Operations:**

Do you utilize Owner / Operators?  Yes  No

If yes, has usage increased, decreased or been stable? \_\_\_\_\_

If yes, are Owner/Operators permanently leased?  Yes  No

If so, are those units included on this schedule?  Yes  No

If not covered under this policy is proof of insurance required?  Yes  No  N/A

Are liability limits at least equal to the limits of this policy?  Yes  No

Is proof of non-trucking Liability or Trucking liability policy required?  Yes  No

Is Truckers Liability required or only Bob Tail? \_\_\_\_\_

Are Trip lease operators used?  Yes  No

If yes, how many trip lease operators Used? \_\_\_\_\_

If trip leased, please provide Estimated Annual Cost of Hire: \$ \_\_\_\_\_

Indicate % of loads trip leased: \_\_\_\_\_

How many trip lease operators used one year ago? \_\_\_\_\_ Two years ago? \_\_\_\_\_

Do you have brokerage authority? [ ] Yes [ ] No  
If yes, is this conducted under a different MC number? [ ] Yes [ ] No

If yes, enter MC # and name of legal entity here: \_\_\_\_\_

Do you allow team driving? [ ] Yes [ ] No  
Are passengers allowed in vehicles? [ ] Yes [ ] No  
Do you pull double trailers? [ ] Yes [ ] No  
Do you pull triple trailers? [ ] Yes [ ] No  
Do you haul oversized loads requiring special permits [ ] Yes [ ] No  
Any Dead Heading (Tractor with empty Trailer)? [ ] Yes [ ] No  
Any BobTail (Tractor w/o Trailer)? [ ] Yes [ ] No  
Any Backhauling Exposure? [ ] Yes [ ] No

If yes, identify commodities backhauled: \_\_\_\_\_  
\_\_\_\_\_

Do you rent trucks/tractors (without operators) on a short term basis for your use? [ ] Yes [ ] No  
If yes, estimated cost of hire for the coming policy year? \_\_\_\_\_

Do you lease Drivers to others or from others? [ ] Yes [ ] No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you rent or lease your trucks to others? [ ] Yes [ ] No  
If yes, please describe and enter estimated annual receipts: \_\_\_\_\_  
\_\_\_\_\_

Do you operate any Elongated Trailers or Flatbeds? [ ] Yes [ ] No

Percentage of trips that are:  
0-50 miles: \_\_\_\_\_ 51-200 miles: \_\_\_\_\_ 200+ miles: \_\_\_\_\_

What Major Cities will you pass through on Intermediate/Long Haul Trips?  
1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Do you operate / travel into Canada or Mexico? [ ] Yes [ ] No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Commodities:** (Please explain all "Yes" responses on a separate page.)  
[ ] Yes [ ] No Any transport of hazardous material? If Yes, Identify \_\_\_\_\_  
[ ] Yes [ ] No If so, are liability limits greater than \$1,000,000 CSL required?  
[ ] Yes [ ] No Any transport of refuse / waste / garbage / debris /scrap material?  
[ ] Yes [ ] No Any transport of containerized freight?  
[ ] Yes [ ] No Any transport of logs and/or timber?  
[ ] Yes [ ] No Any sand & gravel hauling?  
[ ] Yes [ ] No Any "expedited" or time sensitive hauling?  
[ ] Yes [ ] No Any residential moving and storage operations?

Identify all commodities hauled and the percentage of loads / trips or revenue.  
Please be specific; "General Freight" is unacceptable.

Commodity:	%	Commodity:	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are refrigerated units used in your operation?  Yes  No

If so, answer the following:

How often is preventative maintenance performed on the units? \_\_\_\_\_

Is maintenance outsourced?  Yes  No

If so, who performs the maintenance? \_\_\_\_\_

Is dry freight ever hauled?  Yes  No

Is the unit thoroughly cleaned after each haul?  Yes  No

Are tanker units used in your operation?  Yes  No

If so, answer the following:

If food products hauled, is a dedicated food grade tanker used?  Yes  No

Are all tankers equipped with proper baffling?  Yes  No

Do any vehicles have specialized equipment or are they modified with cherry pickers, cranes or buckets?

Yes  No If yes, describe: \_\_\_\_\_

**Drivers:**

Total Number of Drivers that are:

Employees: \_\_\_\_\_ Owner/Operators: \_\_\_\_\_

In the last 12 months, how many drivers were: Hired: \_\_\_\_\_ Terminated: \_\_\_\_\_

Are drivers paid by:

Hours Worked  Mileage  Trip  Other: \_\_\_\_\_

Do driver hiring practices include the following (check all that apply):

Written Application  MVR  Interview  Drug Testing  Written Test

Pre-hire Physical  Reference Checks  Driving Tests  Written MVR Criteria

Do newly hired drivers receive training from experienced drivers with regard to:

Route Familiarity  Equipment  Load Handling

Company Rules  Accident Reporting Procedures

MVR Frequency after Hire  Annually  Semi-Annually  Quarterly  Other

Are owner / operators subject to the same hiring practices?  Yes  No

Does Insured keep driver files on all owner operators?  Yes  No

**Vehicle Maintenance/Safety:**

Describe any theft deterrent systems in place on both tractors and trailers:

\_\_\_\_\_  
\_\_\_\_\_

Are loaded trailers ever left unattended?  Yes  No

If "yes", explain: \_\_\_\_\_

Is there a written vehicle maintenance program in effect?  Yes  No

Are records kept for each vehicle?  Yes  No

Are pre / post trip inspections made regularly? [ ] Yes [ ] No  
Do you service your own units? [ ] Yes [ ] No

If so, indicate which of the following you have:  
[ ] Service Bay [ ] Body Shop [ ] Parts Department  
If not, who services your vehicles?

Describe your tire replacement policy:

Discuss when and if retreads are used:

**Other Safety Information**

Is there a written safety manual? [ ] Yes [ ] No  
Is there a safety manager on staff? [ ] Yes [ ] No  
If Yes, Name of Safety Manager: \_\_\_\_\_ If so, # years with company: \_\_\_\_\_  
Years experience as Safety Mgr: \_\_\_\_\_

Is there a safety award program in place? [ ] Yes [ ] No  
If so, describe: \_\_\_\_\_

Any use of new technology to increase safe operation of vehicles (Satellite Vehicle Tracking, etc.)?  
[ ] Yes [ ] No  
If yes, please describe: \_\_\_\_\_

Are Speed Governors used on your trucks? [ ] Yes [ ] No

Accident investigation program and follow-up in place? [ ] Yes [ ] No  
If Yes, Please Explain: \_\_\_\_\_

Do you utilize SafetyFirst or any other 1-800 How's My Driving service? [ ] Yes [ ] No  
If yes, which vendor and for how long? \_\_\_\_\_

**Please attach the following additional information:**

- Complete list of vehicle operators (employees, owner/operators and long term leased) including drivers license number, dates of birth, and year hired
- Copies of all types of owner operator agreements you use.
- Last 4 quarters of IFTA reports
- Copies of any safety manuals, award programs and maintenance manuals
- Copies of any Intermodal agreements
- 4 Years of currently valued loss runs from the prior carrier

\_\_\_\_\_  
Name and Title of Person Completing this Questionnaire

\_\_\_\_\_  
Date