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Trucking Supplemental Application

Insured's Name: _____

Motor Carrier # _____

DOT # _____

1. <u>Commodities/Products</u>	<u>Main shippers</u>	<u>% Revenue</u>
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2. Hazardous waste/materials information:

<u>Materials</u>	<u>Site of disposal</u>	<u>Method of decontamination</u>
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3. Vehicle Maintenance:

Written Program? Yes / No

Service record file for each vehicle? Yes / No

Service own vehicles? Yes / No

If not, who services? _____

Condition reported daily? Yes / No

Is maintenance done for owner operators? Yes / No Maintain their records? Yes / No

Where are vehicle files maintained? _____

4. Three-year growth history:

<u>Year</u>	<u>Gross Revenue</u>	<u>Total Mileage</u>	<u>#Owned Units</u>	<u>#Owner/Operators</u>
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5. Type Operations: Common Contract Exempt

6. DOT Safety Rating assigned to the motor carrier: _____ Date assigned _____

7. Radius of hauls:
0-50 miles _____% 50-200 miles _____% 201-500 miles _____% Over 500 miles _____%

8. States hauled in and mileage by state in last full year of operations:

9. Equipment information: Please provide this information on a separate page.
Number and type units operated - tractors - heavy trucks, etc.; # company owned; #owner operator units;
number and type trailers - flats or vans, etc.; seasonal variation in units operated if any.

10. Owner-Operators/Leased Drivers	<u>Owner-Operators</u>	<u>Other Leased Drivers</u>
Drive for other companies too	Yes / No	Yes / No
Workers Compensation paid by this company	Yes / No	Yes / No
Contract says driver is not an employee	Yes / No	Yes / No
Contract says driver will furnish own Work Comp	Yes / No	Yes / No
Drivers must have occupational accident policies	Yes / No	Yes / No

11. Are team drivers used? Yes / No Number of teams: _____

12. Addresses of all terminals, plants and warehouses:

13. If there are any out of state terminals or drivers, forward certificates of insurance for these employees.
It is very important to forward Certificates of Insurance mentioned here. Please attach.

14. Number of drivers: Total _____ Full time _____ Part time _____ Owner operators _____ Leased _____

15. Driver selection includes:

Written application	Reference check	Written test
Road test	Physical exam	Substance abuse check
MVR check	Other _____	

16. Average number of miles driven per unit last year: _____

17. Drivers selected by: _____ Driver files located at _____

18. Load/unload by drivers: _____% by other employees: _____%

19. Lumpers used? Yes / No

20. Is there a full-time safety director? Yes / No If yes, include resume.
Formal safety program? Yes / No

21. Any current drivers within last three years with convictions for:
DUI DWI Reckless driving

22. Driver safety/training meetings held every _____.

Attendance documented? Yes / No

23. Is there a company safety manual? Yes / No Procedures manual? Yes / No

24. Is there training for tie-down and weight distribution procedures for flat be operations? Yes / No

25. Is there a spill plan? Yes / No

- Please attach loss information and/or company loss runs for the current and prior three years.

- Send applications to quotes@aiamga.com. Questions, please call 334-279-7600 to speak with an underwriter.