

# Supplemental Application for Automobile

Account Name: \_\_\_\_\_ Insurance Producer: \_\_\_\_\_

FEIN #: \_\_\_\_\_ US DOT #: \_\_\_\_\_

1. Describe how the following types of vehicles are used in your business?  
Also identify radius of operation.

Est. Annual Mileage per vehicle

Private Passenger	_____	_____
Passenger vans	_____	_____
Light Trucks	_____	_____
Medium Trucks	_____	_____
Heavy/Extra Heavy Trucks	_____	_____
Tractors/Trailers	_____	_____

Are any of the trucks used for snow plowing roads or parking lots?      yes      no

If yes, provide details. \_\_\_\_\_

2. Approximately what percentage of the time do your commercial vehicles travel in excess of 50 miles per trip (one way)? \_\_\_\_\_% In excess of 200 miles per trip (one way)? \_\_\_\_\_%

3. How many power vehicles (exclude trailers), were in your fleet in the past?

# of autos one year ago \_\_\_\_\_ # of autos two years ago \_\_\_\_\_

# of autos three years ago \_\_\_\_\_ # of autos four years ago \_\_\_\_\_

4. Identify which of the following driver hiring criteria you have in place:

a. MVRs checked prior to hire?	yes	no	
At least annually thereafter?	yes	no	
b. Physical exams at time of hire?	yes	no	
c. Drug / Alcohol testing at time of hire?	yes	no	
d. Reference checks?	yes	no	
e. Require CDL when applicable?	yes	no	N/A
f. Road Test given prior to hire?	yes	no	
g. Orientation in vehicle with experienced driver?	yes	no	
If yes, for what period of time? _____			

- h. Number of drivers under age 25 \_\_\_\_\_  
 Total # of company drivers: \_\_\_\_\_ Total # of employees: \_\_\_\_\_  
 # of company drivers employed less than one year ? \_\_\_\_\_
- i. Minimum # of years of driving experience required on like equipment? \_\_\_\_\_
- j. How long have all of these procedures been in place? \_\_\_\_\_

**Describe your standards for an acceptable MVR below or attach copy of criteria:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Is your MVR Criteria above in writing and always followed?**                      yes              no

If exceptions are ever made, please describe: \_\_\_\_\_

**Any other actions taken with regards to driver hiring, selection, or training?**  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **Is there a formal accident review program in place?**                      yes              no

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

How long has this program been in place? \_\_\_\_\_

6. **Is there a progressive discipline policy for drivers involved in serious or multiple accidents / violations, etc?**                      yes              no

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long has this policy been in place? \_\_\_\_\_

7. **Do you provide safety incentive awards?**                      yes              no

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long has this program been in place? \_\_\_\_\_

8. **Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives?**                      yes              no

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

How long has this policy been in place? \_\_\_\_\_

How often/when is it communicated to your employees? \_\_\_\_\_

Is this policy in writing?                      yes              no  
 If yes, please forward a copy.



