

Trucking Supplemental

INSD Name: _____

City: _____ State: _____ Years in business: _____

1. Description of all commodities being hauled: _____

2. Are there any hazardous materials being hauled? Yes No
If yes, please describe: _____

3. RADIUS of OPERATION: estimated annual mileage: _____ Max distance: _____
Number of units: 0-50 miles _____ 50-200 miles _____ 200+ miles _____

4. Does the INSD store any commodities? Yes No
If yes, please describe: _____

5. Does the INSD require an MCS-90 or any other Excess filings? Yes No

6. Does the INSD have a formal safety program? Yes No

7. How often are meetings held? _____

8. Do they have a Safety Director? Yes No

9. Does the INSD have a maintenance program? Yes No

10. How often is regular maintenance performed? _____

11. Minimum and Maximum age of any driver? _____

12. Does the INSD perform background checks on all drivers? Yes No
If yes, how often? _____ MVR's _____ Police records _____ Drug Testing _____

13. Are Owner/Operated being utilized? Yes No
If yes, how many? _____
Are they under the same safety and maintenance program as the Owned units?
Yes No

14. INSD'S CAB rating: _____ USDOT#: _____

15. Defense limits unlimited? Yes No
(i.e. Is Defense inside or outside the limits on u/l policies?)

16. Details on any loss(es) over \$100,000: _____

Signature

Date