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Transportation Supplement

Operations

Radius of Operations: _____ % under 50 miles _____ % 51-200 miles _____ % over 200 miles.

List Major Routes _____ City _____ Zone _____ City _____ Zone _____ %

Over 200 miles radius: FROM: _____ TO: _____

Driver Information

Number of drivers: Employees _____ Owner-Operators _____

Number of drivers hired during past 12 months _____ Number replaced _____ Number increased _____

Drivers' ages: Minimum _____ Maximum _____

% of drivers employed with insured: Less than 1 year _____ Less than 2 years _____ Less than 3 years _____

Drivers' Remuneration _____ Hours _____ Revenue _____ Number of trips _____

Based on: Mileage _____ Tonnage _____ Other _____

Do driver selection procedures include:

Interview? Yes No
 Written application? Yes No
 Reference checks? Yes No
 Written test certification? Yes No
 Road test certification? Yes No

If yes, by whom? _____

New pre-employment physical? Yes No

New Motor vehicle reports prior to hiring? Yes No

Driver Evaluation

Are driver's files updated annually? Yes No

Including MVRs? Yes No

Are files reviewed regularly? Yes No

How often? _____

By whom? _____

Are there any physically impaired drivers? Yes No

Are there any current drivers with convictions for DUI, DWI or reckless driving? Yes No

Is there a safety director? Yes No

If yes, name: _____

Qualification: _____

Are drivers hired with less than 2 years experience?

Miscellaneous

Describe driver hiring criteria; age, experience, etc.:

Describe MVR evaluation criteria:

New hires/current drivers:

Describe driver probation and termination criteria:

Does driver indoctrination include:

Familiarization with company's rules, routines, policies? Yes No

Familiarization with routes? Yes No

Familiarization with equipment? Yes No

Special training for handling commodities? Yes No

Emergency procedures for accidents reporting? Yes No

Road Supervision

Is an independent road patrol service used? Yes No

Are mechanical recording devices used? Yes No

Are drivers hired for seasonal operations? Yes No

Is daily call-in used? Yes No

Does the insured have an accident investigation program? Yes No

Does state have mandatory inspection law? Yes No

Preventive Maintenance

Is there a record for each vehicle? Yes No

Is there a controlled inspection frequency? Yes No

Are there pre-trip/post-trip inspection? Yes No

Are there daily condition reports? Yes No

Is there a vehicle replacement program? Yes No

Is there a tire replacement policy? Yes No

Are vehicles and drivers observed by person in authority prior to dispatching? Yes No

Is all of the above applicable to owner-operators? Yes No

If no, explain: _____

Submission Requirements

- Complete driver list for employees and owner-operators showing names, dates of birth, and dates of hire.
- Up-to-date motor vehicle record for each driver (for risks under 30 power units)
- Complete schedule of equipment including serial number, gross weight and cost new.
- Recent financial statements (i.e., balance sheet and income statement)
- Copy of formal safety program (if none, explain safety procedures)
- Company produced loss runs for latest 4 to 5 years.