



VEHICLE SUPPLEMENTAL APPLICATION

1) Name of applicant (List only qualified self insureds.) _____

2) Provide the following for all owned or leased vehicles

Type of Vehicle	No. of Vehicles	Avg. No. of Emp. Each Vehicle	No. of Drivers	No. of Team Drivers	Avg. Radius of Travel	Primary States	Mas. Radius of Travel	Primary States	No. of Units			Avg. No. of Weekly Trips					
									L	I	LH	L	I	LH			
Heavy & X-Heavy Trucks																	
Truck Tractors																	
Other*																	
Shuttle Vans & Buses**					*Golf Carts, ATVs, Trams, etc. **Applies to transportation of employees to and from any worksite or work location				L = Local I = Intermediate LH = Long Haul								
Vans, Light & Medium Trucks																	
Passenger Cars																	
Total																	

3) Does the applicant contract with owner operators? _____ If yes complete the following

- A. Number of owner operators _____
- B. What is total payroll applicable to these drivers? _____
- C. Is applicant responsible for workers' compensation for owner operators? _____
- D. If "yes," was owner operator payroll included in calculation of Manual Premium? _____
- E. Are certificates of insurance required if owner operators obtain workers' compensation coverage _____
- F. If "yes," does applicant agree to provide copies of certificates to excess carrier upon demand? _____

4) Does applicant hold license to haul for others? _____

If "yes," explain _____ interstate _____ intrastate

5) Does applicant transport toxic chemicals, hazardous materials, gases, gasoline or flammables, explosives or explosive materials? _____ yes _____ no

6 List all types of goods hauled or back-hauled _____

7) Describe any driver safety or incentive programs _____

8) Explain "other" vehicles or provide general comments _____

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.



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Applicant Signature _____

Title _____ Date _____