

Corporate Risk Services, LLC

VEHICLE SUPPLEMENTAL APPLICATION

1. Name of applicant: _____
2. Number of employee drivers: _____
3. Number of owned or leased vehicles:
Passenger Cars: _____ Vans/Trucks: _____ Tractors: _____ Trailers: _____
4. Number of owner/operators: _____
Is applicant responsible for workers' compensation coverage on owner/operators? Yes No
If yes, what percentage of the payroll represents these drivers? _____
If no, are certificates of workers' compensation insurance obtained? _____
5. Does applicant provide any transportation of employees to or from the workplace? Yes No
If yes, describe frequency of trips, mode of transportation and number of employees:

6. Describe applicant's use of trucks: _____
 - a. Type of goods hauled: _____
 - b. Is there any transportation of hazardous materials? Yes No
If yes, describe: _____
7. What is the average radius of travel? _____
 - a. Primary states: _____
 - b. Frequency of trips: _____
 - c. Number of employees in each unit: _____
8. What is the maximum radius of travel? _____
 - a. Primary states: _____
 - b. Frequency of trips: _____
 - c. Number of employees in each unit: _____
9. Does applicant hold intrastate and/or interstate licenses to haul for others? Yes No
10. Does applicant backhaul goods for others? Yes No
 - a. If yes, give frequency of trips: _____

10. b. Type of goods most commonly backhauled: _____

11. Describe vehicle maintenance program: _____

12. Provide (if available) any written procedures on driver training, DOT certification, MVR checks, disciplinary programs, etc.