



TRUCKING SUPPLEMENTAL QUESTIONNAIRE

1. [Name Of Applicant] _____

2. [Description Of Operations] _____

3. [Fein Or SS Number] _____

4. [Contact Name] _____ [Contact Phone Number] _____

[Email Address] _____

5. [Years In Business] _____

6. Any prior w/c coverage? Yes No :: If so, forward loss runs for the last five years.

7. Safety Program in place? Yes No

8. Drug Testing Policy in place? Yes No

9. Are all employees LA residents and U. S. Citizens? Yes No

10. Is all work in LA? Yes No

11. Maximum radius of travel _____

12. Number of drivers _____

13. Number of trucks _____

14. List the name of each driver

15. List the VIN for each truck

16. List the materials that are being hauled.

17. Are any hazardous materials being hauled? Yes No

18. Any manual loading or unloading? Yes No

19. Do drivers bring the trucks home after their shift? Yes No

20. If no prior coverage, we will need a Work Experience form completed reflecting at least 5 years of experience in that line of work.

We require a copy of CDL's and MVR's on all drivers, including owner, for all trucking accounts before binding.

[Signature of Applicant] _____ [Date] _____