



**PHYSICAL DAMAGE AND CARGO
FLEET SUPPLEMENTAL APPLICATION
TEN (10) OR MORE POWER UNITS**

Name of Applicant _____ Agent _____

Proposed Effective Date _____ Policy Term _____ MC# _____

REVENUE AND MILEAGE HISTORY

Policy Term (Minimum 3 Years Required)	Revenue	Mileage	Average Number of Units
Next Year Estimate			
Current Year Estimate			

VEHICLE AND MAINTENANCE INFORMATION

Description	Owned	Leased (Without a Driver)	Owner Operator
Service Trucks			N/A
Trucks			
Tractors			
Refrigerated Trlrs			
Van Trlrs			
Flatbed Trlrs			
Tank Trlrs			
Other:			

Who Services the equipment? _____ How often? _____

Are written service records kept for each vehicle? Yes No

RADIUS OF OPERATION

Trip Frequency For all Vehicles:

_____% 0-50 ____% 51-200 ____%201-500 ____%501-Unlimited

DRIVER SAFETY AND FINANCIAL INFORMATION

Do you have formal driver hiring guidelines & procedures? Yes No (if yes, please attach a copy)

Is a safety manual in place and being used? Yes No (if yes, please attach a copy)

Safety Director's Name _____ Years Employed _____ Years of Experience _____

How often are safety meetings held? _____ Satellite communication system? Yes No

Is the equipment governed? Yes No If yes, at what mile per hour? _____

Are accident investigation and review procedures and records maintained? Yes No

Central Analysis Bureau (CAB) Rating _____ and Safer Rating _____