



Commercial Automobile Liability Supplemental Application

SECTION 1 APPLICANT INFORMATION

Full Name of Applicant:

Address:

Website Address:

Separately list and describe all operations:

SECTION 2 EXPOSURE INFORMATION

Number of years in business under current name:

List states in which the applicant operates:

Please provide **ALL** USDOT numbers assigned to the Applicant:

USDOT Number(s):

Please provide **ALL** MC/MX/FF numbers assigned to the Applicant:

MX/MX/FF Number(s):

Do you require any federal motor carrier filings? ☐ Yes ☐ No

If yes, please describe/list:

Age of Youngest Driver: ____ Age of Oldest Drive: ____ Average tenure of drivers: ____

During the past three (3) years, how many drivers have been added annually, on average:

During the past three (3) years, how many drivers have left or been terminated annually, on average:

Unit count and operating radius of all units intended to be insured by underlying insurance:

Operating Radius	Private Passenger	Light Trucks	Medium Trucks	Heavy Trucks	Extra Heavy Trucks	Heavy Tractors	Extra Heavy Tractors	Trailers
50 miles or less								
51-200 miles								
Over 200 miles								



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From the unit count above, how many units are registered in the states listed below:

Registration State	Private Passenger	Light Trucks	Medium Trucks	Heavy Truck	Extra Heavy Trucks	Heavy Tractors	Extra Heavy Tractors
Florida							
Louisiana							
New Hampshire							
Vermont							
West Virginia							

SECTION 3 LOSS CONTROL AND UNDERWRITING INFORMATION

1.	Does the applicant allow for the personal use of company autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, is there a company policy regarding the personal use of company autos?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b. If yes, please describe or attach. _____	<input type="checkbox"/> Attached
	c. Is personal use restricted to certain employee types (i.e., management only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. If yes, please describe:	
2.	Are sub-haulers or leased operators used? If Yes: Do you have a require a signed contract requiring AI status, hold harmless and waiver in place? Are limits at least \$1,000,000 Please provide a copy of the contract used Yearly cost of hire:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached
3.	Is there a formal safety program in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Is there a full-time safety director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Are there any driver-safety incentives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Are vehicles equipped with GPS or other telemetric technologies? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are the applicant's vehicles equipped with permanently installed video cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, what type of cameras are installed?	
	<input type="checkbox"/> Forward facing <input type="checkbox"/> Driver-facing	
5.	Do you permit installed cameras to be turned off or disable by drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the applicant hold formal safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how often are safety meetings held? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	



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8.	Is there a formal hiring program or procedure? a. If Yes, do hiring practices include: i. Drug or alcohol screening? ii. Formal background checks? iii. Formal driver training? iv. Documented road test/driver check ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is there mandatory drug and alcohol testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the applicable maintain US DOT compliant driver qualification files on all CDL drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11	Does the applicant have a formal accident investigation and review procedure? a. If yes, please describe or attach: _____ b. Does the applicant require post-incident drug and alcohol testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Does the applicant have a formal distracted driver policy in-force? If yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you have a formal vehicle maintenance/preventative maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you service your own vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does the vehicle maintenance program include the following?	
	a. A service record of each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Standardized inspection frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Vehicle condition reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. How often are these reports reviewed by management?	
16.	Do you obtain and review MVRs prior to hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	How often are drivers' motor vehicle records (MVRs) checked after hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually	<input type="checkbox"/> N/A
18.	Does the applicant subscribe to a MVR monitoring service? If yes, please provide the name of the provider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are MVR's reviewed post-accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Describe your driver-eligibility criteria below or attach a copy of the criteria to this application:	<input type="checkbox"/> Attached



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21.	Does your driver-eligibility criteria include the following: <div style="margin-left: 20px;"> a. No DUI/DWI in the past five (5) years b. No major violations (racing, hit & run, speeding over 20mph, etc.) within the past three (3) years c. No drivers with three (3) or more moving violations within the past three (3) years d. No drivers with two (2) or more at-fault accidents within the past five (5) years e. No drivers with current suspensions or revocations </div>	<div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
22.	Are all drivers hired and retained strictly following your driver-eligibility criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Explain how you handle employees with unacceptable driving records. (i.e. Remove driving privileges, written warning, probationary period, etc):	
24.	For applicants having DOR or MC/MX/FF Number(s): <div style="margin-left: 20px;"> a. Does the applicant monitor their Central Analysis Bureau Motor Carrier Report? b. Does the applicant monitor driver' Motor Carrier Report? </div>	<div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
25.	How are drivers compensated? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary plus <input type="checkbox"/> Per Mile <input type="checkbox"/> Percentage of Load <input type="checkbox"/> Per trip/load <input type="checkbox"/> Other </div>	
	If other, please describe: <div style="height: 40px; border: 1px solid #ccc; margin-top: 5px;"></div>	
26.	Is the applicant engaged in hauling any hazardous commodities as defined by the U.S. Department of Transportation? <i>Click LINK for definition or see: https://www.fmcsa.dot.gov/regulations/hazardous-materials/how-comply-federal-hazardous-materials-regulations#hm</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, please describe such commodities or materials: <div style="height: 60px; border: 1px solid #ccc; margin-top: 5px;"></div>	



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27.	Does the applicant's vehicles travel through any of the following metropolitan areas? (check all that apply)				
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Albuquerque	<input type="checkbox"/> Baltimore/D.C.	<input type="checkbox"/> Boston	<input type="checkbox"/> Chicago	
<input type="checkbox"/> Dallas	<input type="checkbox"/> Detroit	<input type="checkbox"/> Houston	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Los Angeles	
<input type="checkbox"/> Memphis	<input type="checkbox"/> Miami	<input type="checkbox"/> New Orleans	<input type="checkbox"/> New York City	<input type="checkbox"/> Philadelphia	
<input type="checkbox"/> St. Louis	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Seattle	<input type="checkbox"/> Tucson	<input type="checkbox"/> Tulsa	
28.	Do you pull double trailers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do you pull triple trailers?				<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are oversized or overweight commodities hauled If Yes, please describe:				<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	For sand, gravel, and rock haulers: Are all loads fully covered in transit				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 HIRED AND NON OWNED AUTOMOBILE LIABILITY

1.	Total number of employees	_____ EE's		
2.	Do any employees use their personal automobiles in the applicant's business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	a. If yes, how often:	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	b. If yes, what minimum limits of insurance are required:			
	c. If yes, describe how personal autos are used:			
3.	Estimated annual cost of hired and rented autos:	\$ _____ Projected	\$ _____ Year to Date	
	a. Does the applicant use owner/operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	b. If yes, what is the estimated annual cost for owner/operators:	\$ _____		
	c. If yes, does the applicant use a standard Owner-Operator Agreement? If yes, a copy of agreement must be attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	d. What Auto liability limits are required of owner-operators?	\$ _____		
	e. What excess liability limits are required of owner-operators?	\$ _____		



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WARRANTY

For the purposes of the application submitted for insurance coverage, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete and there are no undisclosed operations or services. The signatory below declares that he/she is duly authorized by the Applicant to sign this application on behalf of all prospective **Insureds**. The Alta Risk, LLC underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO ALL APPLICANTS: Any person who knowingly and with intent includes any false or conceals for the purpose of misleading information concerning fact material thereto, on an application for an insurance policy, commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties.

Signature of Applicant:			
Name & Title:		Date:	