



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

COMMERCIAL AUTO - TRUCKING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			
DOT Number:			
MC Number:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A detailed description of your operations, brochures, etc. if a website is not available
- c) A table of all owned autos to be insured, including year, make, model, 17 digit VIN, and GVWs
- d) A table of all drivers and their respective MVRs, age, and years of CDL experience

3)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4)

Premise Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

5)

What commodities do you haul? _____

6)

How long have you been in operation under this business name or any others (please provide any prior entities)? _____

7)

Do you haul any hazardous materials (hazmat)? Yes No

8) Please complete the following table for your receipts and payroll:

	Revenue	Payroll	Estimated Mileage
Projected Year			
Last 12 Months			
2nd Prior Year			

9) Please complete the following table regarding the number of motor vehicles you are operating:

Non-Truck Private Passenger Autos (GVWR <6,000 pounds)	
Class 1 (Light Truck - GVWR <6,000 pounds)	
Class 2a (Light Truck - GVWR 6,001-8,500 pounds)	
Class 2b (Light/Medium Truck - GVWR 8,501-10,000 pounds)	
Class 3 (Medium Truck - GVWR 10,001-14,000 pounds)	
Class 4 (Medium Truck - GVWR 14,001-16,000 pounds)	
Class 5 (Medium Truck - GVWR 16,001-19,500 pounds)	
Class 6 (Medium Truck - GVWR 19,501-26,000 pounds)	
Class 7 (Heavy Truck - GVWR 26,001-33,000 pounds)	
Class 8 (Heavy Truck - GVWR 33,000+ pounds) – requiring Class-B CDL	
Class 8 (Heavy Truck - GVWR 33,000+ pounds) – requiring Class-A CDL	
TOTAL NUMBER OF OWNED MOTOR VEHICLES	

- a. Do you operate any Class 8 combination vehicles with trailers exceeding 57'? Yes No
- b. Do you engage in any Class 8 vehicle oversize/wide load hauling? Yes No
- c. If yes to b., who operates the pilot/escort cars? _____

10) What is your average length of haul? _____ miles

11) Please complete the following radius of operations table:

Local (0 to 50 miles):	%
Intermediate (51 to 200 miles):	%
Long Haul (201+ miles):	%
TOTAL	100%

- a. Do you have interstate operations? Yes No
- b. Do you have any operations in Mexico or Canada? Yes No
- c. Do you have any operations in states with No Fault/PIP laws? Yes No
- d. If yes, which states? _____

12) Do you travel through major metropolitan areas? Yes No

- a. If Yes, which? _____
- c. Is major metropolitan area travel typically scheduled to avoid morning and evening rush hour periods when possible? Yes No

13) Do you have any For Hire trucking operations? Yes No

- a. If no, do you exclusively haul your own cargo? Yes No
- b. If no to 12) and a., please list the entity(ies) for whom you haul cargo: _____

- 14) Do you act as a freight forwarder, import consignee, broker or arrange loads for others? Yes No
a. If yes, under what name are these operations conducted? _____
- 15) Do you utilize the services of Owner-Operators? Yes No
a. If yes, how many? _____
b. Did you include these on operators on your driver and vehicle schedules? Yes No
c. Are these operators subject to the same safety and maintenance guidelines as employee drivers? Yes No
d. Is a written agreement in place containing hold harmless and indemnification wording in your favor? Yes No
e. Do you collect COIs from these operators? Yes No
- 16) Do you own any vehicles that are insured elsewhere? If yes, please attach an explanation. Yes No
- 17) Do you have any drivers who have ever been excluded from coverage and insured separately? If yes, please attach an explanation. Yes No
- 18) Do you perform any smart device application or web enabled on-demand delivery or courier services? Yes No
- 19) Are all vehicles subject to daily or pre-trip inspections? Yes No
- 20) Do you use, or allow employees to use, company vehicles for personal use? Yes No
a. If yes, please attach details clarifying which vehicle(s), in what capacity, and any limitations on employees allowed to do so.
b. Are employees allowed to drive vehicles to/from their residence at the end of shifts (company vehicles stored at employee homes in off-hours)? Yes No
- 21) Do you have a formal vehicle maintenance program/policy in place? Yes No
a. How often are vehicles given routine service (in miles or months)?
b. Is regular maintenance servicing performed in-house? Yes No
c. Is repair/breakdown work performed in-house? Yes No
d. Do you operate your own mobile breakdown repair fleet services? Yes No
- 22) Do you pull driver Motor Vehicle Records (MVRs) prior to hire? Yes No
a. How frequently are MRVs pulled/checked after hire? _____
b. Are drivers required to have a minimum of two (2) years CDL experience prior to hire? Yes No
c. Are drivers subject to pre-hire and intermittent drug and alcohol testing? Yes No
d. Are drivers required to submit to an annual physical exam? Yes No
- 23) What is the average age of your drivers? _____
a. What is the age of your oldest driver? _____
b. What is the age of your youngest driver? _____
- 24) Are drivers required to keep daily logs of driving and rest hours? Yes No
a. Are log-book hours kept electronically? Yes No
b. Have any of your drivers ever been investigated by you or a legal authority for log-book record falsification or driving over the legally allowed number of hours without a rest period? If yes please attach an explanation. Yes No

- 25) Do your motor vehicles have dashboard cameras:
- a. Facing the driver? Yes No
 - b. Forward-facing the road? Yes No
 - c. Rear-facing the road? Yes No
 - d. With footage backed up to a cloud-based storage for no less than 30 days? Yes No
- 26) Do you have a written employee handbook or formal safety guidelines? Yes No
- a. How frequently are safety meetings held? _____

HAZARDOUS MATERIALS *(complete only if you answered Yes to question 7)*

- 27) What class of Hazmat do you haul? Check all that apply:
- N/A (no hazmat)
 - Class 1 - Explosives
 - Class 2 – Gases (non-flammable, flammable & toxic)
 - Class 3 – Flammable & Combustible Liquids
 - Class 4 – Flammable Solids, Combustible Materials, Dangerous When Wet Materials
 - Class 5 – Oxidizers and Organic Peroxides
 - Class 6 – Toxic Materials and Infectious Substances
 - Class 7 – Radioactive Materials
 - Class 8 – Corrosive Materials
 - Class 9 – Miscellaneous Dangerous Goods (describe): _____
-
- 28) Have you ever been cited by the Federal Motor Carrier Safety Administration (FMCSA) for any violations of 49 CFR Parts 350-399, or subject to an investigation for possible violations? Yes No
If yes, please attach an explanation and copies of all pertinent documentation.
- 29) Have you ever had a serious hazmat incident requiring immediate telephone notification to the appropriate federal reporting agency (NRC, NTSB, DOT, CDC)? If yes, please attach an explanation and copies of all pertinent documentation. Yes No
- 30) When was your written plans to address security risks related to the transportation of hazardous materials in commerce last updated? Yes No
- a. Are all employees trained in the security protocols pertinent to their role before they are allowed access to hazardous materials? Yes No
 - b. Have your plans been reviewed by an independent security consultant, law enforcement or federal agency, or legal counsel? Yes No
- 31) Do you do your own monitoring of the emergency response telephone number on your shipping papers? Yes No
- a. If no, do you have a valid, in-force contract with a service provider? Yes No
If yes, please list: _____
 - b. If no to 19) and a., are shipping papers provided by another company who is responsible for the emergency response telephone number and hazard information (such as the product manufacturer)? Yes No
 - c. Do you retain shipping papers for no less than 12 months? Yes No
 - e. Do you ever sign certification for shipping papers which you have not prepared? Yes No
 - f. Where are shipping papers stored in vehicles? _____

LOSS EXPERIENCE

- 32) Do you know of any incidents not currently reported to insurance that may result in a claim against you? If yes, please attach an explanation. Yes No
- 33) Have any of your drivers even been at-fault for an accident resulting in damages to a third party which you settled outside of insurance? If yes, please attach an explanation. Yes No
- a. Was the accident reported to law enforcement? Yes No
- b. Did you have a commercial motor vehicle policy in-force at the time of the accident? Yes No
- 34) Have you ever had an incident resulting to physical damage to your vehicle(s) that was not reported to your insurance carrier? Yes No
- a. If yes, please attach a description of the incident(s), if any non-owned vehicles were involved, and why it was not reported (or ineligible for coverage) to your insurance carrier. Yes No
- b. Were all involved owned vehicles repaired in full (including cosmetic damage)? Yes No
- c. If the incident involved a third party, was the incident reported to law enforcement? Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____