

SUPPLEMENTAL APPLICATION
(For accounts that haul their own products)

APPLICANT INFORMATION

Agency Name: _____ Agency Code: _____

Effective Date: _____

Applicant: _____

Mailing Address: _____

Website Address: _____

1. Is your fleet regulated by the DOT? ☐ Yes ☐ No
2. DOT # _____ ☐ Not applicable

Goods Hauled:

1. Does your fleet haul any products of others? ☐ Yes ☐ No
2. What percent of mileage is for hauling products of others? ____%
3. How much back hauling of other's products do you do?
☐ None ☐ Less than 10% of trips ☐ More than 10% of trips

Driver Qualification/Selection:

1. Describe your driver hiring process. (Check all that apply)
☐ Reference check ☐ Written driving test ☐ Physical exam
☐ Driver's crash and inspection history from DOT ☐ Pre-Screening Program (PSP) is used in hiring decisions
2. MVR Reviews (Check all that apply)
☐ Pre-hire ☐ Semi-annual post hire ☐ Annual post hire ☐ None
3. Describe the MVR standards you apply to your drivers: _____
4. Do you have a formal policy including remedial actions to address drivers not meeting standards ☐ Yes ☐ No
5. Describe drug and alcohol testing of your drivers. (Check all that apply)
☐ Pre-hire ☐ Random ☐ Post accident ☐ None
6. Driver Turnover ____%
7. Driver Remuneration: ☐ Hourly ☐ Salary ☐ Mileage or Loads
8. When do your drivers receive Defensive Driver Training? (Check all that apply)
☐ Upon hire ☐ Post accident ☐ Periodic refreshers provided ☐ None
9. How do you control distracted driving, including texting and cell phone use? (Check all that apply)
☐ Formal distracted driving program applied ☐ Drivers sign off on policy ☐ All drivers have a CDL
☐ Software used to monitor driver's phone use while driving ☐ Other: _____



10. What is your policy regarding personal use of company vehicles?
☐ No personal use is permitted ☐ Personal use of autos by spouses is permitted but not for trucks
☐ Personal use of autos by family members is permitted but not for trucks ☐ No limits on personal use
11. What percentage of your cargo is carried by owner-operators? ____%

Routes and Travel:

1. What is the average miles driven by your trucks in a year? _____
2. What best describes the type of driving required for your routes?
Metropolitan ____% Suburban, including highway ____% Rural ____%
3. Are your drivers assigned to consistent routes or territories? ☐ Yes ☐ No
4. How are route changes managed?
☐ You plan routes for the driver ☐ GPS is used ☐ Drivers plan routes themselves
5. What is the average number of stops your trucks make in a day?
☐ 0-5 stops ☐ 5-15 stops ☐ More than 15 stops
6. What are the times during which your vehicles travel?
☐ 8 AM to 6 PM ☐ 6 AM to 10 PM ☐ Vehicles frequently travel at other times
7. How do you monitor driving performance of drivers? (Check all that apply)
☐ Telematics is used to monitor vehicle operation ☐ Outside service (1-800 How's My Driving?)
☐ Supervisory road observations ☐ Ride-alongs by supervisors

Safety Program:

1. Do you have a formal fleet safety policy? ☐ Yes ☐ No
2. Who is responsible for enforcement of the safety policy? ☐ Fleet Manager ☐ Other: _____
3. Are drivers required to demonstrate commitment by signing the employee handbook? ☐ Yes ☐ No

Post-Accident:

1. Do you complete formal accident investigations on accidents involving other vehicles or driver injuries? ☐ Yes ☐ No
2. Are all corrective actions documented and implemented? ☐ Yes ☐ No
3. Who reviews and monitors accident investigations?
☐ HR ☐ Fleet Manager ☐ Management Committee/Accident Review Board

Vehicle Maintenance:

1. Describe your vehicle maintenance procedures. (Check all that apply)
☐ Computerized PM schedule ☐ Manual PM schedule ☐ Vehicles maintained to OEM guidelines
2. Does PM schedule include tire replacement program? ☐ Yes ☐ No
3. Who maintains your vehicles?
☐ Employed mechanics ☐ Dealer or Maintenance Company (such as Ryder/Penske) ☐ Local Garages
4. Do employed mechanics or service garages have appropriate certificates from the National Institute for Automobile Service Excellence (ASE) ☐ Yes ☐ No



Vehicle Inspections:

1. Describe your truck inspection practices. (Check all that apply)

☐ Pre-trip ☐ Post trip ☐ PM Scheduled ☐ State/Local Inspections

☐ Use of documented inspection forms

☐ Some vehicles are excluded from inspection practices: Please describe: _____

Risk Service Needs:

1. Are there any specific [Risk Solutions](#) service needs specific to driver training, fleet program development, DOT Compliance or driver monitoring?

Please describe: _____

2. Are there any specific Claims service needs?

Please describe: _____