



Transportation Supplement

Company Name:

Coverage Effective Date:

USDOT #:

Current Garaging Address:

New Venture: Yes No

Do you currently write the coverage for this entity or applicant, or have you written their coverage in the past?

For how many years have you written coverage for this entity?

Company Owner Information

1. Name of owner: DOB: DL#:

State Licensed:

2. Does the owner/applicant have any previous trucking industry experience?

If so, please describe, provide number of years and in what roles:

List company/companies from which this experience comes from:

Provide DOT#s for prior companies:

3. Does the owner/applicant have a CDL? Yes No Is he/she a driver? Yes No

4. Please describe the owner's/applicant's involvement in the day to day operations of this entity:

Risk Characteristics

1. Please enter the number of power units for this risk:

2. How many power units does this insured intend to add during the term?

3. Are all power units owned by this entity? Yes No
If not, please advise the number of owned units versus those of leased on owner/operators:
Number owned:
Number Leased on:
4. Does the insured plan on adding additional owner/operators during the term? Yes No
If so, how many?
5. Are all power units registered in the domiciled state? Yes No
If not, why?
6. Specifically describe commodities hauled (general freight or dry freight is not acceptable)

Does this differ from the current MCS-150 information? Yes No
If so, why?
7. Team Driving? Yes No
8. Double or Triple Trailers? Yes No
9. Any oversize/overweight commodities? Yes No
10. List states traveled to and the percentage of each:
11. List any major metropolitan areas entered:
12. If this submission is for a mid-term move or if prior carrier is cancelling or non-renewing, please provide specific reasons why (if due to losses loss runs are required w/ submission):
13. Please advise expiring/cancelling per unit AL pricing:
14. Please advise target per unit AI pricing:
15. Does this owner/applicant have any interest in any other past or present transportation entities, or are they a subsidiary of or otherwise related to another entity or authority?
Yes No
If so, please advise entity names, USDOT #'s, and advise if they are active or inactive:

Describe the relationship that each has w/ the applicant:

16. Please advise the names and DOT #'s of any entity that might share an address, phone number, or email address with the applicant and describe the relationship that each has w/ the applicant:

Insured Signature

Date