

CONTRACTOR SUPPLEMENTAL APPLICATION

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137.

Note: For Fleet Accounts (5 or more power units), the following information is required:

1. **Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.**
2. **Copy of formal Safety Program or written explanation of informal safety program.**
3. **Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.**
4. **Copy of vehicle maintenance schedule, including sample maintenance logs.**

Section I - General Information

1. Policy Period Desired _____ Phone # _____
2. Insured Name _____ Fax # _____
3. (dba) _____
4. Physical Address (if diff. from mailing) _____
5. Have you ever operated under another name? Yes No
6. If "Yes," what was the name of that operation? _____

Section II - Description of Operations: CONTRACTOR

Contractor(s) other than dump operations; Maximum GVW 45,000 lbs. (Please select all that apply):

1. **Building-commercial:** general contractor for commercial buildings, includes demolition & remodeling
2. **Building-private dwellings:** general contractor for private dwellings, includes demolition & remodeling
3. **Trade (Please check all that apply):**
 Electrical Plumbing Masonry Carpentry Exterminators Inspectors Plasterers/Drywall
 Welders Framers Roofers Cabinetmakers Other _____
4. **Installation (Please check all that apply):** Sign Heat/AC Pools Siding Emergency Back-Up Equipment Fire/Burglar Alarm or Automatic Sprinkler Other _____
5. **Excavating (Please check all that apply):** Water Lines Sewer Septic Basements
 Landscaping Grading of land Other _____
6. **Street/Road (Please check all that apply):** Street Cleaning Street Paving Road Grading
 Other _____
7. **All Other (Please check all that apply):** Snow Removal On-Site Cement Contractor Tree Trimmers
 Glass Repair Surveyors Other _____
8. **Service unit associated with other lines of business**
9. Do you subcontract? Yes No If yes, do you require a certificate of insurance? Yes No
10. What liability limit do you require subcontractor to carry? _____

NOTE: If risk subcontracts, company approval is required to quote the account.

NOTE: Decline if involved in asbestos or hazardous material abatement.

NOTE: If GVW is greater than 45,000 lbs., company approval is required to quote the account.

Section III - Area of Operations

- 1. Define normal areas of operation, i.e., Cities, States _____
- 2. Do you operate over a regular route? Yes No: If yes, describe _____
- 3. List largest cities entered in each state _____
- 4. Radius of operation 0-100 101-300 **301-500**

NOTE: If radius is over 300 miles, company approval is required to quote the account

Section IV - Driver Information

- 1. Do you carry Worker's Compensation? Yes No

NOTE: If the answer is no and the risk is a fleet account, company approval is required to quote the account.

- 2. Driver pre-hire procedure used (*check all that apply*) Application MVR check Driver Test
 Written Test Pre-Employment Physical Employment Reference Check
- 3. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually
 Other (Be specific) _____
- 4. Do you report drivers to your agent within **14 days** of employment? Yes No

NOTE: If the answer is no, company approval is required to quote the account.

- 5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?
 Yes No- If "Yes," explain _____
- 6. How are drivers paid? Per Load Per Hour Per Mile Other (describe) _____
- 7. What is the wage level of your drivers compared to the industry?
 Average Below Average Above Average
- 8. What is your estimated annual driver turnover? _____%

Section V – Equipment Information

- 1. Do you interchange equipment with other carriers? Yes No If "Yes," give details _____

- 2. Is there specialized equipment attached to any unit? (check all that apply) Booms Hooks
 Other (*Be specific*) _____
- 3. If more than one unit insured, describe which unit is specially equipped. _____

- 4. Check all applicable Body Types and indicate how many units of each type:
 Box Truck ____ Box Van ____ Cargo Van ____ Tanker ____ Flat Bed ____
 Cherry Picker ____ Ladder Truck ____ Other _____
- 5. Check all applicable Structure Types and indicate how many of each type:
 Stainless steel ____ Metal ____ Fiberglass ____ Aluminum ____ Other _____

Section VI - Safety and Maintenance

- 1. Give Details of Safety Program: *(Be specific)* _____

 - 2. Are any of the following procedures in place? *(check all that apply)* Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program Burning Load Fire Training
 - 3. How often is vehicle maintenance done and by whom? *(Be specific)* _____

 - 4. Describe your accident reporting procedures: _____

 - 5. Describe security at Garaging Location *(check all that apply)*: Units locked when not in use Keys kept in lock box Well lit lot Fenced Lot Commercial Area Residential Area Other _____
 - 6. Do you have a driver safety incentive program? Yes No
- NOTE: If yes, attach written description of informal program or attach a copy of your formal program.**
- 7. Is there safety equipment attached to any unit?(check all that apply) Cut off switches Strobelights Tarps Back up alarms Video Monitors 2-Way Radio Drive Cam Other: *(Be specific)* _____
 - 8. Are your trailers retrofitted with Reflective tape or Reflectors? Yes No

Section VII- Additional Insured & Waiver of Subrogation

NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.

Section VIII- Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant's Signature

Date

Witness

Date

Agent's or Broker's Name (Please print) Telephone # / License #

Agent's Signature