

DUMP & READY-MIX/CEMENT TRUCK 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

NOTE: Dump Truck operations include Ready-Mix/Cement/Concrete Operations

1. Dump Truck Liability Coverage (select one):
 Dump Not For Hire-**Definition: The risk owns the product that is hauled, i.e.; a sand and gravel hauler that owns the gravel pit.**

NOTE: Trash/Refuse/Waste hauled in a dump truck is classified as Dump.

- Dump For Hire-**Definition: The risk hauls for others; one or more concerns.**
 Ready-Mix/Cement/Concrete Operation

2. Dump Truck Auto Physical Damage Coverage (select and indicate number of each):

NOTE: Classify Concrete and Cement trucks as Side Dump. If unsure of body type, select End Dump.

Body/Structure type & number: End Dump_____, Side Dump_____, Belly Dump_____

3. Type of Cargo Hauled and percentage of each (must equal 100%): Sand____, Gravel____, Dirt____, Asphalt____, Other (Be specific): _____

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

NOTE: Drivers must be hired and monitored in accordance with DOT regulations.

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

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

2. Driver pre-hire procedure used (check all that apply) Application MVR check Road test
 Written Test Pre-Employment Physical Employment Reference Check Criminal Background Check
 Truck Industry Driver History Resource Drug Testing Other

3. Are drivers required to report all moving violations and suspensions on their MVR? Yes No

4. Explain what action is taken when moving violation or suspension occurs _____

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. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific)

7. Are drivers required to sign off on Safety documents at time of hiring? Yes No

8. Do you report drivers to your agent within **14 days** of employment? Yes No

NOTE: If the answer is no to question #7, company approval is required to quote the account.

9. Are drivers under specific time constraints? Yes No

If "Yes," explain: _____

10. How are drivers paid? Per Load Per Hour Per Mile Other(describe)

11. What is the wage level of your drivers compared to the industry? Average Below Average Above Average

12. What is your annual driver turnover? _____%

13. Are any drivers under the age of 24 years old? Yes No

NOTE: If the answer to question #13 is yes, company approval is required to quote the account.

14. Do all drivers have a minimum of 2 full years operating dump trucks or cement mixers? Yes No

NOTE: If the answer to question #14 is no, company approval is required to quote the account.

Section V – Equipment Information

NOTE: Equipment must be inspected and maintained in accordance with USDOT requirements.

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) Tarps DriveCam

Video Monitors/Cameras Back Up Alarms Other: _____

3. If more than one unit insured, describe which unit is specially equipped: _____

4. 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. Advise if there are procedures/guidelines in place for any of the following (check all that apply):

Written Drug/alcohol/prescription drug policy sign off by drivers

Restricted use of personal cells phones while on the job

Driver required to be in radio contact with base at all times

Personal use of unit

3. Are drivers allowed to take periodic rest breaks during the day? Yes No

4. Are any of the following procedures in place? (check all that apply)

Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program

Hazardous Waste ID Training Burning Load Fire Training Safe driver incentive program

5. Give details of Safe driver incentive program is applicable:

6. How often are Safety meetings with drivers conducted? Daily Weekly Monthly Other

7. Do Safety meetings address the following (indicate all that apply)?
 Defensive driving Tail gating policy Driving under inclement weather conditions
 Driving in construction zones Other
8. Are weight scale records kept and recorded? Yes No
9. How often is vehicle maintenance done? Daily Weekly Monthly Other
10. Who performs the mechanical/inspections and maintains the logs?
11. Do drivers check for 6" free board around load? Yes No
12. Do drivers conduct walk around safety check of truck and undercarriage before each trip? Yes No
13. Describe your accident reporting procedures:
14. 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: _____
15. 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.**
17. Indicate which is applicable to your loads: Covered at all times Sometimes covered Never covered
18. Is there safety equipment attached to any unit?(check all that apply)
 cut off switches strobe lights tarps back up alarms Video Monitors
 Automated Can Dumping Arm 2-Way Radio DriveCam Other: (Be specific) _____
19. 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