

Heavy Truck & Truck Tractor Supplemental Questionnaire

1. Does insured obtain MVR verification on all drivers prior to employment and how often are they monitored?
2. List the CDL drivers names and length of employment with the insured.
3. Are all CDL drivers subject to an annual physical exam?
4. Describe the vehicle maintenance program in operation.
5. Describe **all** commodities hauled.
6. Does the insured haul commodities for others?

If so, what type of commodities.

How often and what is the maximum distance?
7. Does insured do any backhauling? If so, what commodities?
8. Does insured rent, lease, or **lend** vehicles **to** others? If so, describe.
9. Does insured rent, lease, or **borrow** vehicles **from** others? If so, describe.
10. If either questions 8 & 9 above are “yes”, is this with or without operators?
If with operators, please explain.
11. List all states in which the insureds’ vehicles travel.
12. Does the insured have a USDOT number? If so, please provide.
13. Is there a worker’s compensation policy in force with minimum employee liability limits of 500/500/500?

Insured’s signature:_____

Date:_____