



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)	Agent's Signature
Telephone # / License #	