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**FOOD DELIVERY, SPECIALIZED DELIVERY AND TRUCK NOC  
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-A - Description of Operations: FOOD DELIVERY**

**Food Delivery: Definition- autos used by food manufactures to transport raw and finished products or autos used in wholesale distribution of food.**

1. Type of food or product: \_\_\_\_\_
2. Name of manufacturer or distribution center: \_\_\_\_\_

**Section II-B - Description of Operations: SPECIALIZED DELIVERY**

**Specialized Delivery: Definition-autos used in deliveries subject to time and similar constraints.**

1.  Magazines/Newspapers (Bulk delivery only-delivery to individual homes is not covered)
2.  Mail/Parcel Post (Bulk delivery only-delivery to individual homes is not covered)
3.  Oilfield Delivery

**NOTE: If Oilfield Delivery and the unit qualifies as a Contractor, Dump or Waste vehicle; complete the applicable Colony Contractor, Dump or Waste Supplemental Application.**

**Section II-C - Description of Operations TRUCK NOC (Not Otherwise Classified)**

**Truck NOC: Definition-a truck risk that does not fit into any other truck category; therefore, the risk is considered to be not otherwise classified (NOC).**

1.  Hauling your own goods
2.  Hauling exclusively for one concern
3. If hauling for one concern, is concern a trucking firm?  Yes  No  
Name of concern: \_\_\_\_\_

**NOTE: If the concern is a trucking firm, company approval is required to quote the account.**

4. Specify type(s) of cargo hauled (Be very specific) \_\_\_\_\_
5. Do you back haul for hire?  Yes  No

**NOTE: If the risk back hauls for hire, 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 "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  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**

Do you interchange equipment with other carriers?  Yes  No

If "Yes," give details \_\_\_\_\_

- 1. Is there specialized equipment attached to any unit? (check all that apply)  
 Booms,  hooks  Other (*Be specific*) \_\_\_\_\_
- 2. If more than one unit insured, describe which unit is specially equipped. \_\_\_\_\_
- 3. Check all applicable Body Types and indicate how many units of each type:
- 4.  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:
- 6.  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*) \_\_\_\_\_  
Describe your accident reporting procedures: \_\_\_\_\_
- 4. 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: \_\_\_\_\_
- 5. 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.**
- 6. Is there safety equipment attached to any unit?(check all that apply)  cut off switches,  strobe lights  
 tarps  back up alarms  Video Monitors  2-Way Radio  DriveCam  
 Other: (*Be specific*) \_\_\_\_\_
- 7. 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