



TRUCKING SUPPLEMENTAL APPLICATION

Applicant Name: _____

Phone: _____

Provider:
**AMERICAN INTERSTATE
INSURANCE COMPANY**

Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

1. List the products the Applicant hauls:

2. Does the Applicant transport hazardous materials? _____ % of Hazardous Materials

_____ % of Non-Hazardous Materials

3. Terminals:

a. List physical location of each terminal (include City, State and Zip)

_____, _____, _____

_____, _____, _____

b. List all states where units are garaged at drivers' residence

– If any, can driver be dispatched from residence? Yes No

4. Scope of Operation:

a. List all states: _____

b. List routine shipping points: _____

c. Any driving or deliveries in the state of Florida? Yes No

5. Maintenance:

a. Describe the age and condition of vehicles: _____

b. Describe maintenance schedules performed on equipment: _____

6. Routes: _____ % Regular / _____ % Irregular

7. Radius: _____ % 0 - 200 miles / _____ % Over 200 miles

8. Drivers: _____ % Single Drivers / _____ % Co-Driver Teams

9. Does the Applicant lease owner operators? Yes No (If no, go to question 10)

a. If yes, are the owner operators included on the policy? Yes No

b. If not included, does the carrier obtain Workers' Compensation Certificated of Insurance? Yes No

NOTE: We do not recognize Occupational Accident insurance policies as substitute for Workers' Compensation coverage. You will be charged for uninsured drivers.

10. Total Number of Power Unites: (indicate number of each type)

Tractor - Conventional:	_____	Dump Trucks:	_____
Tractor - Cabover:	_____	Wreckers:	_____
Straight Trucks:	_____	Other:	_____



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11. Number and type of trailers: (or type of bed for straight trucks)

Flatbeds _____	Lowboys _____
Tankers (bottom load) _____	Tankers (top load) _____
Tankers (with baffles) _____	Tankers (no baffles) _____
Dry Box _____	Hopper Trailers _____
Reefer _____	Open Top Van (Chip) _____
Dump Trailer _____	Container _____
Logging _____	Pole _____
Other _____	

12. What percentage of the Applicant's deliveries are Less than Load (LTL)? _____%

13. What percentage of the Applicant's drivers Load their vehicles? _____%

Of those, what percentage is: _____% Manual Loading _____% Mechanical Loading

14. Does the Applicant have "hook and drop only" loads? Yes No

15. a. What percentage of the Applicant's drivers tarp their own loads? _____%

Of those, what percentage is: _____% Manual Tarping _____% Mechanical Tarping

b. What percentage of the Applicant's drivers secure their own loads?

c. Methods for securing loads: _____% Cantilever binders _____% Ratchet binders

16. Identify Applicant's Auto Liability Carrier: _____

17. Estimate the Applicant's annual percentage of driver turnover: _____

18. Estimated total number of drivers during previous calendar year: _____

a. _____ Number of 1099 forms issued for previous calendar year

b. _____ Number of W2 forms issued for previous calendar year

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other personal files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature: _____ Date: _____._____._____

Agent's Signature: _____ Date: _____._____._____

Updated on 6.6.2018