



Dump Truck Supplemental Application

Name Insured:
Policy Number:
Effective Date:

Contract Carrier Common Carrier Years in Business:

Personally visited insured? yes no
please provide photos of the operation, including truck(s) at time of binding

Commodities Hauled:

Do you haul soil contaminated with fuel, fertilizers, chemicals, mine tailings or other hazardous waste? yes no

Do you require state and/or federal filings? yes no
State filings, list states:
ICC MC Docket #: Base Registration State:
Oversize/overweight filings
Other, please describe:

How are drivers paid? hourly salary by the load commission

Do the drivers receive benefits? yes no explain:

Total Drivers Wages:

Please complete attached drivers list including dates of hire.

What is your average miles per unit? What is your maximum distance and location?

Total annual mileage? Normal radius of operations?

What is the insured's average haul?

Hours of operation? to

Any driving between 10pm and 3am? yes no explain:

Do you have a written safety program in force? yes no
(please provide copy)

Do you have a safety manager? yes no Name:

Do you follow DOT hiring regulations? yes no

Do all drivers have a minimum of 2 years CDL and/or dump experience? yes no
(please provide a copy)

Does the insured use outside owner operators not scheduled on our account?
If so, does the insured collect certificates of insurance from the owner operators?
What limits are required?
What is the annual cost of hire?
Number of hired drivers:

Show Net Receipts: Gross Annual Receipts:

Insured Signature: Date: