

## 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) Telephone # / License #

\_\_\_\_\_  
Agent's Signature