



# Transportation Supplemental Application



- 1) Applicant Name: \_\_\_\_\_ DOT Number: \_\_\_\_\_
- 2) Drive company owned vehicles: ..... Yes\_\_\_ No\_\_\_  
If "No", explain: \_\_\_\_\_
- 3) Any backhauling: ..... Yes\_\_\_ No\_\_\_  
If "Yes", provide % of backhauling and description of cargo: \_\_\_\_\_
- 4) Any team driving: ..... Yes\_\_\_ No\_\_\_  
If "Yes", how many teams: \_\_\_\_\_
- 5) Are drivers required to load or unload cargo: ..... Yes\_\_\_ No\_\_\_  
If "Yes", what percentage: .....Load\_\_\_\_\_ Unload\_\_\_\_\_
- 6) Casual Laborers or Helpers used by Drivers: ..... Yes\_\_\_ No\_\_\_
- 7) Driver Hiring Requirements: ... Drug Test  Road Test  MVR Review  Medical Certificate  
Minimum Age: \_\_\_\_\_ Minimum Experience: \_\_\_\_\_
- 8) Vehicle Maintenance Program: ..... Inspections..... Frequency: \_\_\_\_\_  
Repair Shop: ..... Yes  No.....Types of Repairs: ..... Minor  Major  Body
- 9) Radius of Operations: (show %)  
0-50 miles\_\_\_\_\_%      51-200 miles\_\_\_\_\_%      201-500 miles\_\_\_\_\_%      500+ miles\_\_\_\_\_%
- 10) Types of trailers (show %): \_\_\_\_\_

### 11) Commodities Hauled: (show %)

Farm Supplies		Household Goods		Machinery, Large Objects	
Motor Vehicles		Drive Away		Intermodal Containers	
Building Materials		Mobile Homes		Livestock	
Fresh Produce		Liquids/Gases		Meat	
Ready Mix		Oil Field Equipment		Chemicals	
Grain, Feed, Hay		Coal		Beverages	
Garbage, Refuse, Trash		Refrigerated Food		Towing or Wrecking	
Commodities Dry Bulk		Fuel		Construction	
Paper Products		Metal, Sheets, Coils, Rolls		Moving and Storage	
Sand/Gravel		Logs, Poles, Beams, Lumber		Other:	

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of the policy, and understands their rejection of the Texas Worker's Compensation Act status and the coverages and limitations of the policy.

If Coverage is issued based upon information provided in this application, the applicant understands and agrees that this application shall form a part of the policy, and the statements herein shall be construed as material representations of the applicant. Any person who knowingly and with intent to defraud any insurance company or another person 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 the person to criminal and civil penalties.

Applicant's Signature  
10/28/2014

Title

Date

10/22/2015-T