

# GMI Transportation Supplemental Form

| <b>GMI TRANSPORTATION APPLICATION</b>                                |                                       |                       |                          |                                    |       |                 |
|--|---------------------------------------|-----------------------|--------------------------|------------------------------------|-------|-----------------|
| Proposed Effective Date: ___ / ___ / ___                             |                                       |                       |                          | Date Quote Needed: ___ / ___ / ___ |       |                 |
| <b>AGENT INFORMATION</b>   |                                       |                       |                          |                                    |       |                 |
| Agency:  |                                       |                       |                          |                                    |       |                 |
| Address:   |                                       |                       |                          |                                    |       |                 |
| Producer:  |                                       |                       | Marketing Contact:       |                                    |       |                 |
| Telephone:   |                                       |                       | Email:                   |                                    |       |                 |
| <b>APPLICANT INFORMATION</b>   |                                       |                       |                          |                                    |       |                 |
| Name of Applicant/Insured:   |                                       |                       |                          |                                    |       |                 |
| Garaging Address:  |                                       |                       |                          | FEIN #:                            |       |                 |
| Mailing Address:   |                                       |                       |                          |                                    |       |                 |
| Telephone:   |                                       |                       |                          | Fax:                               |       |                 |
| How Long in Business?  |                                       | Years                 |                          | Corporation                        |       |                 |
| <b>AFFILIATES/SUBSIDIARIES</b>                                       |                                       | <b>ADDRESS</b>        |                          | <b>RELATIONSHIP INTEREST</b>       |       |                 |
|  |                                       |                       |                          |                                    |       |                 |
|  |                                       |                       |                          |                                    |       |                 |
| Type of Carrier:   |                                       |                       |                          |                                    |       |                 |
| Description of Business Operations:                                  |                                       |                       |                          |                                    |       |                 |
| City and State of Terminal Locations (attach list if more than four) |                                       |                       |                          |                                    |       |                 |
|  |                                       |                       |                          |                                    |       |                 |
|  |                                       |                       |                          |                                    |       |                 |
| Safety Manager:  |                                       |                       |                          |                                    |       |                 |
| Company has been under current management since:                     |                                       |                       |                          |                                    |       |                 |
| <b>OPERATIONS</b>  |                                       |                       |                          |                                    |       |                 |
| Operating Year   | Miles Driven                          | Number of Power Units | Number of Trailers       | Type of Fleet                      | Owned | Owner Operators |
| Proposed   |                                       |                       |                          | PPTs                               |       |                 |
| Current  |                                       |                       |                          | Light Truck                        |       |                 |
| 1st Prior  |                                       |                       |                          | Med Truck                          |       |                 |
| 2nd Prior  |                                       |                       |                          | Hvy Truck                          |       |                 |
| 3rd Prior  |                                       |                       |                          | X-Hvy Truck                        |       |                 |
|  |                                       |                       |                          | Hvy Tractors                       |       |                 |
|  |                                       |                       |                          | X-Hvy Tractor                      |       |                 |
| <b>COMPLETE CHART BELOW IF APPLICABLE:</b>                           |                                       |                       |                          |                                    |       |                 |
| <b>Enter # of Unit Type Below:</b>                                   |                                       |                       |                          |                                    |       |                 |
| _____  | Tank Trucks (500 Gallons or less)     | _____                 | Dump Trucks              |                                    |       |                 |
| _____  | Tank Trucks (3,000 Gallons or less)   | _____                 | Stake and Flatbed Trucks |                                    |       |                 |
| _____  | Tank Trucks (over 3,000 Gallons)      | _____                 | Vacuum Trucks            |                                    |       |                 |
| _____  | Tank Trailers (3,000 Gallons or less) | _____                 | Flatbed Trailers         |                                    |       |                 |
| _____  | Tank Trailers (Over 3,000 Gallons)    | _____                 | Box Trailers             |                                    |       |                 |
| _____  | Garbage Trucks                        | _____                 | Other (list)             |                                    |       |                 |

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## OPERATIONS-CONTINUED

Average length of haul \_\_\_\_\_ Maximum Length of haul \_\_\_\_\_  
 0 - 50 \_\_\_\_\_% 50 - 200 \_\_\_\_\_% 201 - 500 \_\_\_\_\_% % Regular Route \_\_\_\_\_ % Irregular Route \_\_\_\_\_  
 List all states insured operates in: \_\_\_\_\_

Give Details on Communication Controls: \_\_\_\_\_

Do You Haul Doubles?  Yes  No If Yes, what is the %? \_\_\_\_\_

Cost for Hired autos (not Long Term Leased): \_\_\_\_\_

Do you have brokerage authority?  Yes  No

Is trailer Interchange Needed? Yes  No

Limit: \_\_\_\_\_ Deductibles: \_\_\_\_\_ #Unit: \_\_\_\_\_ Max Value: \_\_\_\_\_

#Days: \_\_\_\_\_ Average Value: \_\_\_\_\_

Do you rent or lease to others? Yes  No

### TRUCKERS INCLUDING DUMP OPERATIONS:

1. Check each of the following that apply:

- Hauling your own goods (not for hire)
- Hauling for single concern. If yes, list \_\_\_\_\_
- Hauling for multiple concerns. If yes, list \_\_\_\_\_

2. Are any scheduled trailers ever pulled by any power unit not listed on the application?  Yes  No

3. Do the trucks have back-up alarms?  Yes  No Do trucks have tip-over alarms?  Yes  No

4. Do trucks have GPS tracking systems?  Yes  No

5. Is there specialized equipment attached to any unit (i.e. cranes, booms, etc.)?  Yes  No

If yes, please explain \_\_\_\_\_

6. If waste hauler, % of Commercial Waste? \_\_\_\_\_ % Residential Containers? \_\_\_\_\_  
 % of Residential curbside pick-ups? \_\_\_\_\_

## COMMODITIES HAULED

| Commodity: (Top Five) | Percentage of Hauls |
|-----------------------|---------------------|
| 1. _____              | _____               |
| 2. _____              | _____               |
| 3. _____              | _____               |
| 4. _____              | _____               |
| 5. _____              | _____               |

## DRIVER INFORMATION AND HIRING STANDARDS

**Attach Driver Schedule, if not provided with ACORD.**

Required over-the-road experience for new hires?  Yes  No

Years Experience Required: \_\_\_\_\_ Minimum Age Requirement: \_\_\_\_\_ Maximum Age Allowed: \_\_\_\_\_

Within the Past Year, Number of Drivers Hired: \_\_\_\_\_ Number of Drivers Terminated: \_\_\_\_\_

Number of Drivers: Full Time \_\_\_\_\_ Part-Time: \_\_\_\_\_ Seasonal \_\_\_\_\_

Do Part-Time drivers have a regular schedule or are they called in as necessary? \_\_\_\_\_

Where do you go to obtain drivers? \_\_\_\_\_

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Average length of employment? \_\_\_\_\_ How often do drivers get home? \_\_\_\_\_

Are driver's union?  Yes  No

Number of Owner/Operators? \_\_\_\_\_ If Owner/Operators, answer three questions below

1. Do Owner/Operators work solely for you?  Yes  No
2. Are Owner/Operators required to carry their own insurance?  Yes  No
3. Do Owner/Operators name you as an Additional Insured?  Yes  No

| <b>Do Your Driver Selection Procedures Include the Following:</b>                            |  |                         |  |
|--|--|-------------------------|--|
| Written Application  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Written Test?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MVR Check?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical Before Hiring? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interview?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference Checks?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug Test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? _____ |  | Driving Test?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is the above documentation in Driver's file and kept up-to-date?  Yes  No

Is there a cell phone policy in place?  Yes  No

What is the percentage of personal use? \_\_\_\_\_

| <b>Does Driver Indoctrination Include the Following:</b> |                              |                             |
|--|------------------------------|-----------------------------|
| Familiarization with Equipment?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Procedures for Reporting Accidents?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Familiarization with Company Rules?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Familiarization with Routes?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training in Handling Commodities?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Length of New Hire Training Program? \_\_\_\_\_

Required for Owner Operators? Yes  No

| <b>MAINTENANCE</b>   |                        |
|--|------------------------|
| Maintenance Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No  | Years with Firm: _____ |
| Number of full-time Maintenance Personnel? _____   |                        |
| Do you have a Written Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy                          |                        |
| Vehicle Maintenance is <input type="checkbox"/> Internal (engine) <input type="checkbox"/> External (body) <input type="checkbox"/> Both         |                        |
| What is the nature of the work performed? <input type="checkbox"/> Service <input type="checkbox"/> Minor Repairs <input type="checkbox"/> Other |                        |
| Are there pre-trip/post-trip inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |
| Is the Owner Operator subject to the same Maintenance Program as Owned Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No        |                        |
| If no, please explain: _____   |                        |
| What Records are kept on each Vehicle? _____   |                        |
| Do you have a vehicle replacement policy? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |
| Do you have a tire replacement policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____                                  |                        |
| Do you use retreads <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |
| How often are brakes serviced? _____   |                        |



# GMI Transportation Supplemental Form

**Docket Numbers:**

| DOT# | MC# | Kentucky KYU# | Indiana PSCI | Texas Doc | New Mexico DOC |
|------|-----|---------------|--------------|-----------|----------------|
|      |     |               |              |           |                |

Form E Filing Requests (States Where the Insured has Vehicles Licensed and/or Garaged) – Must provide a physical address for that state in which a Form E is requested:

| State | Physical Address |
|-------|------------------|
|       |                  |
|       |                  |
|       |                  |
|       |                  |

If Other Filings Are Required, Please List Below:

| Docket # | Filing Needed |
|----------|---------------|
|          |               |
|          |               |
|          |               |

**List Placards Used in the past year:**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Current Transportation Pollution Liability Limit/Carrier: \_\_\_\_\_ Provide Dec Page

Is the insured a 24-hour emergency Responder?       Yes     No

**NOTE: Please provide MVRs on all drivers**

Is there any personal usage of the PPTs by employees other than the owner or spouse?  Yes     No

Are any vehicles modified with special equipment?     Yes     No

Please list the vehicles and modifications and provide approximate COST NEW value for each vehicle.

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

What is the maximum concentration of units and/or values at any one location at any one time?

| Location | Insured Value | When (times/days/durations?) |
|----------|---------------|------------------------------|
|          |               |                              |
|          |               |                              |
|          |               |                              |
|          |               |                              |

What is the insured’s catastrophic loss mitigation and vehicle evacuation plan in the event of a storm or imminent threat to the insured units?

\_\_\_\_\_