

Berkshire Hathaway Homestate Companies



Dump Truck Supplemental Application

Name Insured: _____

Policy Number: _____

Effective Date: _____

Contract Carrier Common Carrier

Gross Annual Receipts: _____

Personally visited insured? yes no

Years in Business: _____

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: _____

Please Complete attached drivers list including dates of hire.

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

Total 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 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 yes, please provide a copy of the lease)

If so, does the insured collect certificates from the owner operations? yes no

What limits are required? _____

What is the annual cost of hire? _____

Show Net Receipts: _____