



EVEREST COMMERCIAL AUTOMOBILE SUPPLEMENTAL APPLICATION

Insured:

Eff. Date:

GENERAL INFORMATION:

OWNERSHIP: Active Absentee Delegate through Supervisors
 Years in business: _____ Years of Experience – Same Industry: _____
 Other currently owned businesses which are separately insured? Yes No
 If yes, identify these entities and explain any interchange of labor and/or vehicles with these different affiliates:

OPERATIONS: No. of locations: _____ Description of operations: _____
 Hours of operation: _____ to _____ Number of days per week: _____ No. of daily shifts: _____
 Number of employees: Full-time employees _____ Part-time _____ Seasonal _____ Volunteers _____

HIRING PRACTICES:

Employment application <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/substance abuse rehab program <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks <input type="checkbox"/> Yes <input type="checkbox"/> No	Random drug testing <input type="checkbox"/> Yes <input type="checkbox"/> No
Audiometric testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Vehicle Record check <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre/Post employment physical <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic test (i.e. lead) <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer labor used <input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic back test <input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary labor used <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you lease workers? Yes No
 If yes, describe the type of labor leased and identify the leasing company:
 Do you lease workers to others? Yes No
 If yes, describe the type of work done by your workers for others:

Identify which of the following driver hiring criteria you have in place:
 Require CDL when applicable Yes No
 Road test given prior to hire? Yes No
 Orientation in vehicle with experienced driver? Yes No

FLEET INFORMATION:

Describe how the following types of vehicles are used in your business. Include radius of operation.

VEHICLE TYPE	DESCRIPTION OF USE	EST. ANNUAL MILEAGE PER VEHICLE
Private Passenger		
Passenger Van		
Light Truck		
Medium Truck		
Heavy Truck		
Extra Heavy Truck		
Tractor Trailer		
Trailer		
Other		

Are any of your vehicles used for snow plowing roads or parking lots? Yes No
 If yes, provide details:

Do you have a company policy regarding personal use of company autos by employees or executives or their family members? Yes No

If yes, please describe:

How long has this policy been in place?

Is this policy in writing? Yes No

Do any of your employees use their own vehicles in the course of employment twice a week or more? Yes No

If yes:

How many employees do this on a regular basis?

Do you require evidence that these employees are carrying Auto liability coverage? Yes No

Do you require these employees to carry a minimum Auto limit of liability? Yes No

If yes, what minimum Auto limit is required?

Do you lease or rent vehicles for your use on a short term basis (daily/weekly/monthly)? Yes No

If yes:

Please describe this exposure and the length of the average lease/rental:

How many times per year is this done?

What type of vehicles do you rent or lease?

Do you ever rent or lease vehicles with drivers? Yes No

If yes, how often and what are the vehicles used for?

What is the estimated annual cost of hire?

Do you use owner operators to haul on your behalf? Yes No

HISTORICAL EXPOSURE:

Year	# of Power Units
Proposed Year	
Current/Expiring Year	
1 st Prior Year	
2 nd Prior Year	
3 rd Prior Year	
4 th Prior Year	

DRIVER PROFILE:

How are drivers paid? Hourly Per Load/Trip Per Mile Other: Please describe:

How many drivers are 70 years of age or older:

How many drivers are 21 years of age or younger:

CONTROLS:

Describe your standards for an acceptable MVR or attach a copy of written criteria:

Are any exceptions made to the above acceptable MVR criteria? Yes No

If yes, please describe:

Do you have your own facilities to maintain your vehicles? Yes No

If yes, are the mechanics FMCSR-Certified? Yes No

If you do not have your own vehicle maintenance facility comment on how you monitor the maintenance of your vehicles:

Is there a formal Auto accident review program in place? Yes No

If yes, please describe:

Do you provide Auto related safety incentive awards?

If yes, please describe:

Do you have a written Auto safety program? Yes No

If yes, please attach.

Do your vehicles contain permanently installed video cameras? Yes No

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to the questions on this supplemental application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge. He/She certifies that the applicable fraud notices herein have been read and understood. He/She acknowledges their continuation under the applicable state insurance fraud acts and certifies that all such information provided herein complies with such acts in disclosure and truthfulness.

Completed by (Signature and Title of Applicant):

Date: