

Trucking Supplemental Risk Questionnaire



1. Legal name:
2. Commodities carried:
3. Radius of operations:
4. Formal driver training and safety program in place? Yes No
(If yes, please provide a copy)
5. How are new drivers recruited?
6. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		

7. Are physicals required? Yes No
If yes, for new hires? Yes No Periodically? Yes No
8. Are MVR's obtained? Yes No
If yes, for new hires? Yes No Periodically? Yes No
9. Confirm all drivers are required to have a U.S. driver's license in good standing: Yes No
10. What is the turnover ratio (i.e. total drivers vs. new hires in the last 12 months)?
11. Do drivers do loading and/or unloading? Yes No
Hydraulic or manual?
12. Is there a call-in system? Yes No If yes, how often?
13. Are sleeper units used? Yes No Two drivers? Yes No
14. Are units equipped with speed and trip recorders? Yes No
15. What is the maintenance schedule?
16. Who performs routine maintenance?
Please provide a copy of the vehicle maintenance schedule.

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17. Formal equipment repair request for drivers to notify management of deficiencies? Yes No
18. Driver's inspection log for pre-trip and in-service inspections? Yes No
19. What is the average age of the tractors? Age of oldest unit?
20. What is the accident reporting procedure?

21. Does the insured use flatbed trucks? Yes No

If yes, what percent (%) is flatbed?

22. What process is used when tarping loads (if applicable)?

23. Manual system? Automatic system?

24. Are owner-operators used? Yes No

If yes, what is the total percent (%) of owner-operators to total drivers?

How are the owner-operators paid?

What are the maintenance requirements and schedule for the owner-operators' equipment?

Is it checked and recorded by management? Yes No

Additional comments:

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date