



3602 East Greenway, Suite 102
 P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6985

TRUCKING – SUPPLEMENTAL APPLICATION

INSURED: _____ DBA: _____ E-MAIL: _____

GARAGING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ FIRE DISTRICT: _____

YEARS IN BUSINESS: _____ YEARS AT CURRENT LOCATION: _____

1. Are FMCSA, PUC, or other filings required? Yes No (If yes, complete form for filing action.)
 Are special filings required? Yes No If yes, explain/describe commodities: _____
2. Do you arrange loads or act as a broker? Yes No
 If yes, provide brokerage revenue: \$ _____ And docket number: _____
3. Do you haul loads for other truckers? Yes No (If yes, complete a) and b) below.)
 a) Who do you primarily haul for? _____ Long-Term Contract Trip-Lease Contract
 b) Under whose bill of lading is freight hauled? _____
 Who provides insurance? You Others
4. Do your lease or hire drivers or equipment from others? Yes No (If yes, complete a) through d) below.)
 a) On what basis? Permanent Lease Trip Lease
 b) If permanently leased, are autos scheduled on this application? Yes No (If no, attach an explanation.)
 c) How are autos hired? With Drivers (Complete form A-001.) Without Drivers
 d) If trip leased, what is the total cost of hire? \$ _____ Who provides insurance? You Others
5. Do you pull double or triple trailers? Yes No If yes, what is percent of operation? _____
6. Is all owned equipment scheduled on this application? Yes No (If no, attach an explanation.)
7. Is all equipment under your authority scheduled on this application? Yes No (If no, attach an explanation.)

8. Commodities Transported?

Commodity	% of Load	Max. Value	Commodity	% of Load	Max. Value	Commodity	% of Load	Max. Value

9. What is the AVERAGE radius of operation? _____ Miles What is the MAXIMUM radius of operation? _____ Miles

10. REVENUE AND MILEAGE:: Submit mileage pro rate sheet or TPA, with this application.

Year	Policy Term	No. of Units	Revenue	Mileage
Current			\$	
1 st Prior			\$	
2 nd Prior			\$	

11. ROADS, ROUTES AND DESTINATIONS:

a) Percent of Annual Mileage on Different Road Types: Freeway: _____ Other Than Freeway: _____

b) Check which states you travel **INTO** or **THROUGH**.

Alabama	Georgia	Kentucky	Mississippi	N. Mexico	Oregon	Texas
Arkansas	Florida	Louisiana	Missouri	New York	Rhode Island	Virginia
Connecticut	Idaho	Maryland	Nevada	N. Carolina	S. Carolina	W. Virginia
Delaware	Illinois	Massachusetts	N. Jersey	Oklahoma	Tennessee	Washington

c) Check which cities you **DELIVER INTO**.

Atlanta	Chicago	D.C.	Las Vegas	Milwaukee	Philadelphia	San Diego
Baltimore	Cincinnati	Hartford	Little Rock	Mpls/St. Paul	Pittsburgh	San Francisco
Birmingham	Cleveland	Houston	Los Angeles	Nashville	Portland	Seattle
Boston	Dallas/FT W.	Indianapolis	Louisville	New Orleans	Richmond	Tampa
Buffalo	Denver	Jacksonville	Memphis	N.Y. City	St. Louis	Tulsa
Charlotte	Detroit	Kansas City	Miami	Phoenix	Salt Lake City	

12. How are drivers compensated? Hourly Trip Mile Other _____

13. Driver Hiring & Safety Procedures: No Company Program Follow General Rules Adhere to Formal Program

OTHER ITEMS ATTACHED TO THIS APPLICATION:

- Additional Information Application Supplement
- Prior Carrier Loss Runs for Current and 3 Prior Years
- Mileage Pro Rate Sheet – IFTA
- Driver MVR's
- Risk Narrative
- Other _____

REMARKS/EXPLANATIONS:
