

VEHICLE SUPPLEMENT

Applicant:

1. Number of employee drivers:

2. Number of owned or leased vehicles:
 Passenger Cars Tractors Vans/Trucks Trailers

3. Number of owner/operators:
 Is applicant responsible for workers compensation coverage on owner/operators? Yes No
 If yes, what percentage of the payroll represents these drivers? Yes No
 If no, are certificates of workers compensation insurance obtained? Yes No

4. Does applicant provide any transportation of employee to or from the workplace? Yes No
 If yes, describe frequency of trips, mode of transportation and number of employees:

5. Describe applicant's use of trucks:
 Type of goods hauled:
 Is there any transportation of hazardous materials? Yes No
 If yes, describe:

6. What is the average radius of travel?
 Primary States:
 Frequency of Trips:
 Number of employees in each unit:

7. What is the maximum radius of travel?
 Primary States:
 Frequency of Trips:
 Number of employees in each unit:

8. Does applicant hold intrastate and/or interstate licenses to haul for others? Yes No

9. Does applicant backhaul goods for others? Yes No
 If yes, give frequency of trips:
 Goods most commonly backhauled:

10. Describe vehicle maintenance program:

11. Provide (if available) any written procedures on driver training, DOT certifications, MVR checks, disciplinary programs, etc.