/ SUPPLEMENTAL APPLICATION

Commercial Auto & Trucking Supplemental

Fleet, driver, commodity, and motor-truck-cargo detail.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

TYPE OF TRUCKING / AUTO OPERATION

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

AUTHORITY & FLEET PROFILE

US DOT # | MC / DOCKET # | FEIN / SSN | FILINGS REQUIRED? (Y/N)

Operation classification (check all)

☐ Trucking for hire ☐ Private carriage ☐ Common carrier ☐ Contract carrier

☐ Broker / freight forwarder ☐ Owner-operator fleet ☐ Intermodal / UIIA

POWER UNITS (OWNED) | # TRAILERS | # DRIVERS | # OWNER-OPERATORS

YEARS IN TRUCKING | YEARS UNDER CURRENT NAME W/ PRIMARY LIABILITY | YEARS INDUSTRY EXPERIENCE | CARRIER TYPE (COMMON/CONTRACT/PRIVATE)

BROKER / FREIGHT-FORWARDER NAME (IF ANY) | BROKER MC # | OPERATIONS IN MEXICO OR CANADA? (Y/N)

RADIUS & MILEAGE PROFILE

Radius percentages should total 100%.

% LOCAL (0–50 MI) | % SHORT HAUL (51–200 MI) | % INTERMEDIATE (201–500 MI) | % LONG HAUL (501–1,000 MI) | % UNLIMITED (1,001+ MI)

AVERAGE RADIUS OF OPERATION (MI) | MAXIMUM RADIUS OF OPERATION (MI) | AVERAGE LENGTH OF HAUL (MI)

ESTIMATED ANNUAL MILEAGE (FLEET) | AVG ANNUAL MILES PER POWER UNIT | % DEDICATED / ESTABLISHED ROUTES

% LOADS VIA FREIGHT BROKERS | % LOADS VIA SHIPPER CONTRACTS | % LOADS ARRANGED BY APPLICANT

PRINCIPAL STATES OF OPERATION | TRAVEL THROUGH MAJOR METRO AREAS? (NOTE WHICH)

PRIMARY ROUTES TRAVELED (E.G., CHARLOTTE, NC → YORK, PA) WITH % OF TOTAL HAULS

OPERATIONS DETAIL

Operations performed (check all)

☐ Dry van / box ☐ Flat bed ☐ Refrigerated / reefer ☐ Intermodal / container

☐ Bulk ☐ Tank (liquid / pneumatic) ☐ Auto hauler ☐ Household goods / movers

☐ Mobile / modular home hauler ☐ Oversize / overweight ☐ Dump / hopper ☐ Double / triple trailers

☐ Hazmat / placarded ☐ Livestock ☐ Logging ☐ Other

1. Do you haul hazardous commodities regulated by the FMCSA or require placarding? ☐ YES ☐ NO

IF YES, HAZMAT CLASS(ES)

2. Are oversize / overweight loads transported? ☐ YES ☐ NO

IF YES, % OF LOADS

3. Do you pull double or triple trailers? ☐ YES ☐ NO

4. Do you use team drivers or slip-seating? ☐ YES ☐ NO

5. Do you allow passengers in any vehicle? ☐ YES ☐ NO

6. Do you haul under a UIIA agreement or haul intermodal containers? ☐ YES ☐ NO

7. Do you use owner-operators? ☐ YES ☐ NO

IF YES, BASIS: PERMANENT LEASE / TRIP LEASE

8. Are ALL autos you own, lease, rent, or borrow (incl. owner-operators) on the attached vehicle schedule? ☐ YES ☐ NO

9. Has the applicant operated under a different name or authority in the past 5 years? ☐ YES ☐ NO

10. Has there been a change in ownership, or a bankruptcy filing, in the past 5 years? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

EQUIPMENT / VEHICLE SCHEDULE

List all power units and trailers (attach a spreadsheet if more than fit below). Provide Year, Make, Type, VIN, garaging location, stated value, and operating radius.

Equipment Count by Type

EQUIPMENT TYPE	OWNED/LEASED W/O DRIVER	OWNER-OPERATED	TOTAL #
Tractors			
Trucks (straight / single)			
Light service / pickups			
Dry van trailers			
Refrigerated trailers			
Flatbed trailers			
Dump / hopper trailers			
Tank trailers (liquid)			
Tank trailers (pneumatic)			
Intermodal chassis			
Other trailers			

Vehicle Schedule (Year / Make / Type / VIN / Value / Radius)

YEAR	MAKE	TYPE	VIN	GARAGING / RADIUS	STATED VALUE $

YEAR	MAKE	TYPE	VIN	GARAGING / RADIUS	STATED VALUE $

COMMODITIES HAULED

List each commodity transported with its share of hauls, the typical shipper, and average vs. maximum value per load. Percentages should total 100%.

Commodity Schedule

COMMODITY	TYPICAL SHIPPER	% OF HAULS	AVG VALUE / LOAD $	MAX VALUE / LOAD $

SINGLE HIGHEST VALUE HAULED $

BILL OF LADING USED? (Y/N)

TRANSPORT CANNABIS? (Y/N)

CARGO COVERAGE DETAIL

REQUESTED CARGO LIMIT (PER AUTO) $

CARGO DEDUCTIBLE $

TRAILER INTERCHANGE LIMIT $

REFRIGERATION BREAKDOWN LIMIT $

REEFER UNITS ALL NEWER THAN 10 YRS? (Y/N)

ON-HOOK / TOW LIMIT $ (IF APPLICABLE)

NON-OWNED TRAILERS IN POSSESSION (MAX)

MAX VALUE PER TRAILER $

TRAILER DAYS PER YEAR

AVG TRAILER INTERCHANGES / DAY

11. Are loaded vehicles or trailers ever left unattended (yard, terminal, truck stop, street)? ☐ YES ☐ NO

12. Are commodity-specific security measures used for high-value or targeted loads? ☐ YES ☐ NO

13. Is refrigeration / reefer continuously monitored, with temperature alarms and a written reefer-failure protocol? ☐ YES ☐ NO

14. Are cargo doors secured with high-security seals, padlocks, or kingpin / landing-gear locks when parked? ☐ YES ☐ NO

15. Are drop / staged trailers kept in a fenced, lit, and monitored terminal or yard? ☐ YES ☐ NO

16. Is any cargo high-theft-target (electronics, pharma, liquor, tobacco, metals, food/beverage)? ☐ YES ☐ NO

OWNED / SECURED TERMINALS OR YARDS

TERMINAL SECURITY (FENCE / GATE / LIGHTING / CAMERA)

Vehicle / cargo theft controls present

- ☐ Active GPS tracking
- ☐ Geofencing
- ☐ Kingpin / gladhand locks
- ☐ Landing-gear / air-cuff locks
- ☐ Tractor / trailer immobilizer
- ☐ Remote engine disabling
- ☐ Vehicle theft alarm
- ☐ Exterior cameras
- ☐ High-security seals
- ☐ Yard fencing / gated
- ☐ Yard lighting / cameras
- ☐ None

DRIVER CONTROLS & HIRING STANDARDS

MINIMUM DRIVER AGE | MINIMUM YEARS CDL / PRIOR EXPERIENCE | ALLOWABLE VIOLATIONS (PRIOR 3 YRS) | ALLOWABLE ACCIDENTS (PRIOR 3 YRS)

AVERAGE DRIVER AGE | OLDEST DRIVER AGE | YOUNGEST DRIVER AGE | MVR RE-PULL FREQUENCY AFTER HIRE

Driver screening / hiring process includes

- ☐ MVR review
- ☐ Criminal background check
- ☐ PSP report
- ☐ Road test
- ☐ Pre-employment drug test
- ☐ DOT physical / medical card
- ☐ CDL verification
- ☐ Prior-employer reference check

17. Are MVRs pulled on every driver prior to hire, and re-pulled at least annually? ☐ YES ☐ NO

18. Is a minimum of 2 years' CDL / commercial driving experience required? ☐ YES ☐ NO

19. Are pre-hire and intermittent (random / post-accident / reasonable-suspicion) drug & alcohol tests performed? ☐ YES ☐ NO

20. Have any drivers been issued a DUI / DWI or major violation? ☐ YES ☐ NO

IF YES, HOW MANY AND HOW MANAGED

21. Are hours-of-service driving / rest logs kept, and are they maintained electronically (ELD)? ☐ YES ☐ NO

22. Have any drivers been investigated or disciplined for log-book / ELD falsification? ☐ YES ☐ NO

23. Is there a written safety program, driver handbook, and documented post-accident training? ☐ YES ☐ NO

24. Are mandatory-attendance driver safety meetings held on a regular schedule? ☐ YES ☐ NO

25. Is telematics / fleet-monitoring used (speed governors, collision-avoidance, lane-departure, stability control)? ☐ YES ☐ NO

26. Are dashcams installed (road-facing and/or driver-facing) with cloud retention of at least 30 days? ☐ YES ☐ NO

27. Is there a formal vehicle-maintenance program with documented service by qualified mechanics? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

Revenue, Mileage & Power Units — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Total Revenue					
Total Mileage					
Power Units					

AVG ANNUAL GROSS REVENUE PER POWER UNIT $ | TOTAL PAYROLL (EXCL. OFFICERS/DRIVERS/CLERICAL) $ | # EXECUTIVE OFFICERS

28. Are all owner-operator miles included in your IFTA reports? ☐ YES ☐ NO

29. Are all vehicles included in your IFTA reports? ☐ YES ☐ NO

30. Are drivers covered by workers' compensation? (note carrier) ☐ YES ☐ NO

DOT SAFETY & COMPLIANCE

FMCSA / DOT SAFETY RATING

OUT-OF-SERVICE % — VEHICLE

OUT-OF-SERVICE % — DRIVER

CSA / SMS BASIC ALERTS (IF ANY)

DOT RECORDABLE ACCIDENTS (3 YRS)

31. Has the applicant been cited, audited, or investigated by the FMCSA / DOT in the past 3 years? ☐ YES ☐ NO

32. Is the applicant currently under a conditional or unsatisfactory safety rating, or any OOS order? ☐ YES ☐ NO

33. Has the applicant had a serious hazmat or reportable environmental incident? ☐ YES ☐ NO

34. Has the applicant's insurance been cancelled or non-renewed in the past 3 years? (note date / reason) ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

AUTO LIABILITY — CSL LIMIT

AUTO LIABILITY DEDUCTIBLE

CARGO LIMIT (PER AUTO) $

CARGO DEDUCTIBLE $

PHYSICAL DAMAGE — COMP DEDUCTIBLE

PHYSICAL DAMAGE — COLLISION DEDUCTIBLE

TRAILER INTERCHANGE LIMIT

REFRIGERATION BREAKDOWN LIMIT

HIRED AUTO (EST. COST OF HIRE) $

NON-OWNED AUTO (# EMPLOYEES)

GENERAL LIABILITY LIMIT (TRUCKERS 99793)

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

35. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

36. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

37. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #