



# 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, indentify 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  Yes  No

Reference checks  Yes  No

Audiometric testing  Yes  No

Pre/Post employment physical  Yes  No

Volunteer labor used  Yes  No

Temporary labor used  Yes  No

Drug/substance abuse rehab Prog.  Yes  No

Random drug testing  Yes  No

Motor Vehicle Record check  Yes  No

Pathogenic test (i.e. lead)  Yes  No

Orthopedic back test  Yes  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              | <input type="text"/> |
| Current/Expiring Year      | <input type="text"/> |
| 1 <sup>st</sup> Prior Year | <input type="text"/> |
| 2 <sup>nd</sup> Prior Year | <input type="text"/> |
| 3 <sup>rd</sup> Prior Year | <input type="text"/> |
| 4 <sup>th</sup> Prior Year | <input type="text"/> |

**DRIVER PROFILE:**

How are drivers paid?  Hourly  Per Load/Trip  Per Mile  Other 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.**

**The undersigned as an authorized representative of the applicant, agrees to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. You may always request a written policy.**

**Completed by (Signature and Title of Applicant):**

\_\_\_\_\_

**Date:**

\_\_\_\_\_