



Fiercely Committed.  
Proudly Independent.

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## TRUCKING SUPPLEMENT

Name of Agent: \_\_\_\_\_

1. What percentage of drivers are employees of the insured?
2. If owner operators (non-employees) are used, are they hauling strictly for applicant, following all maintenance and safety procedures of applicant? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Number of drivers: under 25 \_\_\_\_\_ or over 65 \_\_\_\_\_ years of age.
4. Does insured have a driver safety training program (provide details)? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does insured provide incentives for driver safety (provide details)? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are all drivers trained and experienced on the type of vehicle driven? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does insured obtain MVRs on all drivers? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_
8. Is there a regularly-scheduled maintenance / repair of vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does insured do any [ ] tire recapping / [ ] retreading? Yes \_\_\_\_\_ No \_\_\_\_\_
10. What percentage of Tractors are over 15 years old? \_\_\_\_\_%
11. Where does insured haul? \_\_\_\_\_
12. List types of goods hauled: \_\_\_\_\_
13. Describe any backhauling: \_\_\_\_\_
14. Any hazardous cargo? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

The APPLICANT WARRANTS that the information contained in this supplement is true and that no material facts have been suppressed or misstated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Insured Signature