



James River Insurance Company

7130 Glen Forest Drive, Suite 210
Richmond, VA 23226
804-289-2700

Trucking Supplemental Application

EXCESS CASUALTY Division
Email to XC@jamesriverins.com or,
Fax to 804-287-2811

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

GENERAL INFORMATION

1. Insured's name: _____ MC# _____ DOT# _____
2. What commodities are hauled? _____
3. Does the insured haul and hazardous materials? Yes No
(If yes, please explain) _____
4. Does the insured require MCS-90?
5. What is the insured's radius of operations?
0-50 miles _____ 51-200 miles _____ 200 miles and over _____
6. What is the maximum distance traveled? _____
7. What is the average haul? _____
8. Estimated mileage for the year: _____
9. What major cities does the insured travel through? _____
10. Does the insured use double or triple trailers? Yes No
(If yes, what percentage or operations?) _____
11. Does the insured utilize owner operators? Yes No
(If yes, how many do they have under contract?) _____
12. What standards are owner operators held to? What controls are in place? _____
13. Does the insured have any storage or warehousing operations? Yes No
(If yes, please describe) _____
14. Annual Receipts: \$ _____ Annual Payroll: \$ _____

SAFETY INFORMATION

15. Does the insured have a formal safety program in place? Yes No
16. Does the insured have a full time safety director on staff? Yes No
17. Does the insured utilize any driver safety incentive programs? Yes No
(If yes, please describe) _____
18. How often are safety meetings held? _____
19. Does the insured have a standardized vehicle maintenance program? Yes No
20. How often is maintenance performed? _____

21. Does the insured perform pre and post trip inspections? Yes No

DRIVER SAFETY INFORMATION

22. Are driver's MVR's pulled prior to hire? Yes No

23. Are they maintained after hire? Yes No
(If yes, how often are the MVR's checked? _____)

24. Are drivers subject to drug and alcohol testing before hire? Yes No

25. After hire? Yes No

26. Average age of drivers? _____ Driver turnover? _____ %

27. How many hours per day are the company drivers on the road? _____

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: