



**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](mailto: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 of 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: