

DUMP TRUCK SUPPLEMENT

Na	med Insured:
Cit	y, State:
Со	mpleted by: Date:
1.	Years in business:
2.	In what geographic area does the insured work?
3.	Typical radius of trucks? Any regular travel over 200 miles?
4.	Please describe commodity/commodities commonly hauled:
5.	Is there a vehicle maintenance program in place?
	a. If yes, is the maintenance done by the insured's own employees or an outside mechanic?
	b. Are detailed records kept?
	c. For current fleet of vehicles please provide in depth information on any preventative maintenance done on the vehicles:
6.	Please provide photo of any truck older than 10 years old.
7.	Does the insured have a formal plan in place for MVR screening/analysis?
	a. What MVR criteria are new hires and existing employees held to? (What type activity is acceptable/unacceptable):
	b. What happens if a driver falls outside these guidelines?
	c. Does the insured check MVR's for all drivers prior to hire and annually thereafter? Yes No
	Are records maintained?
8.	Does the insured have any requirements on how much experience new employees must have in operating dump trucks/heavy vehicles?
	If so, what are they?
9.	Is there any training program for new drivers (such as ride alongs or probationary period with owner or tenured employee for new driver)? Yes No

10. Does anyone have 24 hour use of a vehicle?	
If so, please provide full details:	
a. Are family members allowed to operate autos?	
b. Any personal usage of business autos?	
11. Do you utilize a DOT approved drug screening program for all drivers?	
12. Are all dump trucks equipped to cover loads?	
If not, please list all vehicles not equipped with load covers:	
13. For those vehicles equipped with load covers, are they utilized on all loads?	
14. For each dump truck, please list the date of the last vehicle safety inspection and advise the inspection results and sticker number:	