



**AGRI INSURANCE**  
**Commercial Automobile**  
**Trucking Supplement**

**Section I - General Information**

1. Insured Name: \_\_\_\_\_
2. Years operating this business: \_\_\_\_\_
3. Have you ever operated under another name?  Yes  No  
If Yes, what was the other name? \_\_\_\_\_
4. Gross Receipts last year: \_\_\_\_\_ Estimate for coming year: \_\_\_\_\_
5. Average annual miles driven per unit: \_\_\_\_\_

**Section II - Description of Operations**


6. What best describes your operation? Select one  
 Hauling your own goods  
 Hauling exclusively for one concern Is concern a Trucking Firm?  Yes  No  
Name of Concern: \_\_\_\_\_  
Type of Cargo hauled: \_\_\_\_\_
7. Do you do any Retail Delivery?  Yes  No If yes, provide list of vehicles used.
8. Is there any LTL operations?  Yes  No
9. Do you back haul for hire?  Yes  No If yes, explain: \_\_\_\_\_
10. Do you pull Double Trailers?  Yes  No Triple Trailers?  Yes  No
11. What is your percentage of Deadheading? \_\_\_\_\_
12. What is your percentage of Bobtailing? \_\_\_\_\_

**Section III - Areas of Operation**

13. Do you operate over a regular route?  Yes  No  
If Yes, describe: \_\_\_\_\_
14. Define normal areas of operation, i.e. Cities, Suburbs, Rural \_\_\_\_\_
15. Percentage of the types of roads traveled:  
\_\_\_\_\_ 4 lane divided highway or larger \_\_\_\_\_ 2 lane highway \_\_\_\_\_ rural roads \_\_\_\_\_ other = 100%
16. Radius of operation: \_\_\_\_\_ 0 - 100 miles \_\_\_\_\_ 101 - 300 miles \_\_\_\_\_ 301 - 500 miles
17. Do you ever exceed 500 miles  Yes  No If yes, explain: \_\_\_\_\_

**Section IV - Driver Information**

18. Do you carry Workers' Compensation?  Yes  No
19. Any drivers employed less than 12 months?  Yes  No If yes, provide list or identify on drivers list.
20. Do you order Motor Vehicle Reports (MVRs) on all drivers prior to employment?  Yes  No
21. How are Drivers paid?  Per Load  Per Hour  Per Mile  Salaried  Other (describe)

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22. What criteria are used for acceptability of Drivers?  
\_\_\_\_\_
23. Are periodic reviews conducted of all drivers?  Yes  No  
24. Do you have a Driver Safety Incentive Program?  Yes  No If yes, describe or attach a copy  
\_\_\_\_\_
25. Provide a complete schedule of All persons operating company vehicles.  
\_\_\_\_\_

**Section V - Safety and Maintenance**

26. Is there a formal Safety Program in force?  Yes  No If yes, give details or attach a copy.  
\_\_\_\_\_
27. Is there a maintenance program in force?  Yes  No  
28. Is the program on a  Time or  Mileage Basis?  
29. Who performs Maintenance?  
30. Are records kept?  Yes  No If yes, by Who?  
31. Is there safety equipment attached to any units? i.e., Anti-theft devices, tarps, back up alarms, etc. (be specific)  
\_\_\_\_\_
32. Are trailers retrofitted with Reflective tape or Reflectors?  Yes  No

**Section VI - General Information**

33. Is this insurance to cover all vehicles Owned, Leased or Operated by the insured?  Yes  No If No, explain:  
\_\_\_\_\_
34. Do you hire or borrow any equipment?  Yes  No If yes, describe and provide annual estimate of cost.  
\_\_\_\_\_
35. Do you loan or rent any of your equipment to others?  Yes  No If yes, give details  
\_\_\_\_\_
36. Do you interchange equipment with other carriers?  Yes  No If yes, give details.  
\_\_\_\_\_
37. Is there any specialized equipment attached to any unit i.e. Cranes, Booms etc.?  Yes  No  
If yes, describe: \_\_\_\_\_

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**Section VII - Filing Information**

For prompt and accurate filings, complete information must be given including name, address and Docket Numbers EXACTLY as authority exists. Use a separate sheet if necessary. Failure to provide accurate Information may result in delays and suspensions.

- 38. Do you hold an I.C.C. permit?  Yes  No If yes, Docket Number \_\_\_\_\_  
Please attach a copy of your completed RS form.
- 39. Do you have a DOT registration?  Yes  No If yes, DOT Number \_\_\_\_\_
- 40. Are state filings required?  Yes  No If yes, provide states & permit numbers:  
\_\_\_\_\_
- 41. Do you hold broker authority?  Yes  No
- 42. Is any special filing required i.e. oversize, overweight, city or hazardous permit?  Yes  No:  
If yes, provide details: \_\_\_\_\_
- 43. Do others operate under your authority?  Yes If yes, explain:  
\_\_\_\_\_

**Section VIII - Signature**

Signature of person completing Supplement	Title	Date

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