



DUMP & READY-MIX/CEMENT TRUCK SUPPLEMENTAL APPLICATION

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137

Note: For Fleet Accounts (5 or more power units), the following information is required:

- 1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

Section I - General Information

- 1. Policy Period Desired Phone #
2. Insured Name Fax #
3. (dba)
4. Physical Address (if diff. from mailing)
5. Have you ever operated under another name? Yes No
6. If yes, what was the name of that operation?

Section II - Description of Operations

NOTE: Dump Truck operations include Ready-Mix/Cement/Concrete Operations

- 1. Dump Truck Liability Coverage (select one):
Dump Not For Hire-Definition: The risk owns the product that is hauled, i.e.; a sand and gravel hauler that owns the gravel pit.

NOTE: Trash/Refuse/Waste hauled in a dump truck is classified as Dump.

- Dump For Hire-Definition: The risk hauls for others; one or more concerns.
Ready-Mix/Cement/Concrete Operation

- 2. Dump Truck Auto Physical Damage Coverage (select and indicate number of each):

NOTE: Classify Concrete and Cement trucks as Side Dump. If unsure of body type, select End Dump.

Body/Structure type & number: End Dump, Side Dump, Belly Dump

- 3. Type of Cargo Hauled and percentage of each (must equal 100%): Sand, Gravel, Dirt, Asphalt, Other (Be specific):

Section III - Area of Operations

- 1. Define normal areas of operation, i.e., Cities, States
2. Do you operate over a regular route? Yes No If yes, describe
3. List largest cities entered in each state
4. Radius of operation 0-100 101-300 301-500

NOTE: If radius is over 300 miles, company approval is required to quote the account.

**Section IV - Driver Information**

**NOTE: Drivers must be hired and monitored in accordance with DOT regulations.**

- 1. Do you carry Worker’s Compensation?  Yes  No

**NOTE: If no and fleet account, company approval is required to quote the account.**

- 2. Driver pre-hire procedure used (check all that apply)  Application  MVR check  Road test  
 Written Test  Pre-Employment Physical  Employment Reference Check  Criminal Background Check  
 Truck Industry Driver History Resource  Drug Testing  Other

- 3. Are drivers required to report all moving violations and suspensions on their MVR?  Yes  No

- 4. Explain what action is taken when moving violation or suspension occurs \_\_\_\_\_

- 5. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?

Yes  No; if “Yes,” explain: \_\_\_\_\_

- 6. Are periodic reviews of drivers MVR’s conducted?  Annually  Semi-Annually  Other (Be specific)

- 7. Are drivers required to sign off on Safety documents at time of hiring?  Yes  No

- 8. Do you report drivers to your agent within **14 days** of employment?  Yes  No

**NOTE: If the answer is no to question #7, company approval is required to quote the account.**

- 9. Are drivers under specific time constraints?  Yes  No

If “Yes,” explain: \_\_\_\_\_

- 10. How are drivers paid?  Per Load  Per Hour  Per Mile  Other(describe)

- 11. What is the wage level of your drivers compared to the industry?  Average  Below Average  Above Average

- 12. What is your annual driver turnover? \_\_\_\_\_%

- 13. Are any drivers under the age of 24 years old?  Yes  No

**NOTE: If the answer to question #13 is yes, company approval is required to quote the account.**

- 14. Do all drivers have a minimum of 2 full years operating dump trucks or cement mixers?  Yes  No

**NOTE: If the answer to question #14 is no, company approval is required to quote the account.**

**Section V – Equipment Information**

**NOTE: Equipment must be inspected and maintained in accordance with USDOT requirements.**

- 1. Do you interchange equipment with other carriers?  Yes  No

If “Yes,” give details: \_\_\_\_\_

- 2. Is there specialized equipment attached to any unit? (check all that apply)  Tarps  DriveCam

Video Monitors/Cameras  Back Up Alarms  Other: \_\_\_\_\_

- 3. If more than one unit insured, describe which unit is specially equipped: \_\_\_\_\_

- 4. Check all applicable Structure Types and indicate how many of each type:

Stainless steel \_\_\_\_  Metal \_\_\_\_  Fiberglass \_\_\_\_  Aluminum \_\_\_\_  Other: \_\_\_\_\_

**Section VI - Safety and Maintenance**

- 1. Give Details of Safety Program (*Be specific*): \_\_\_\_\_

- 2. Advise if there are procedures/guidelines in place for any of the following (check all that apply):

- Written Drug/alcohol/prescription drug policy sign off by drivers
- Restricted use of personal cells phones while on the job
- Driver required to be in radio contact with base at all times
- Personal use of unit

- 3. Are drivers allowed to take periodic rest breaks during the day?  Yes  No

- 4. Are any of the following procedures in place? (check all that apply)

- Company work rules  Driver Training Program  Safety Program/Meeting  Driver Discipline Program
- Hazardous Waste ID Training  Burning Load Fire Training  Safe driver incentive program

- 5. Give details of Safe driver incentive program is applicable:

- 6. How often are Safety meetings with drivers conducted?  Daily  Weekly  Monthly  Other

7. Do Safety meetings address the following (indicate all that apply)?  
 Defensive driving  Tail gating policy  Driving under inclement weather conditions  
 Driving in construction zones  Other
8. Are weight scale records kept and recorded?  Yes  No
9. How often is vehicle maintenance done?  Daily  Weekly  Monthly  Other
10. Who performs the mechanical/inspections and maintains the logs?
11. Do drivers check for 6" free board around load?  Yes  No
12. Do drivers conduct walk around safety check of truck and undercarriage before each trip?  Yes  No
13. Describe your accident reporting procedures:
14. Describe security at Garaging Location (check all that apply):  
 Units locked when not in use,  Keys kept in lock box,  Well lit lot  Fenced lot  Commercial area  
 Residential area  Other: \_\_\_\_\_
15. Do you have a driver safety incentive program?  Yes  No
- NOTE: If "Yes," attach written description of informal program or attach a copy of your formal program.**
17. Indicate which is applicable to your loads:  Covered at all times  Sometimes covered  Never covered
18. Is there safety equipment attached to any unit?(check all that apply)  
 cut off switches  strobe lights  tarps  back up alarms  Video Monitors  
 Automated Can Dumping Arm  2-Way Radio  DriveCam  Other: (Be specific) \_\_\_\_\_
19. Are your trailers retrofitted with Reflective tape or Reflectors?  Yes  No

**Section VII- Additional Insured & Waiver of Subrogation**

**NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.**

**Section VIII- Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

Applicant's Signature	Date
Witness	Date
Agent's or Broker's Name (Please print)	Agent's Signature
Telephone # / License #	