

GMI Contractor Supplemental Form

| Proposed Effective Date: | | Date Quote Needed: | |
|---|-----------------------|------------------------------|--------------------|
| Agency: | | Contact: | |
| Address: | | | |
| Telephone: | | Email: | |
| Name of Applicant/Insured: | | | |
| Garaging Address: | | | |
| Mailing Address: | | | |
| FEIN#: | MC#: | DOT#: | |
| Years in Business: | | | |
| AFFILIATES/SUBSIDIARIES | ADDRESS | RELATIONSHIP INTEREST | |
| | | | |
| | | | |
| Type of Carrier: | | | |
| Description of Business Operations: | | | |
| City and State of Terminal Locations: | | | |
| | | | |
| | | | |
| Safety Manager: | | | |
| Company has been under current management since: | | | |
| OPERATIONS | | | |
| Operating Year | Number of Power Units | Type of Fleet | Vehicle Registered |
| Proposed | | PPTs | |
| Current | | Light Truck | |
| 1st Prior | | Med Truck | |
| 2nd Prior | | Hvy Truck | |
| 3rd Prior | | X-Hvy Truck | |
| | | Hvy Tractors | |
| | | X-Hvy Tractor | |
| What is the Hired & Non-Owned exposure (i.e. subcontractors, 1099's, volunteers, employees using their own vehicles for business purposes, etc.)? _____ | | | |

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| Cost for Hired Autos (not long term leases): _____ |
| What is the Radius of the Operation? 0-50 _____% 51-200 _____% 201-500 _____% |
| List all states that you operate in: _____ |
| Do any of the following apply, and if so, please provide explanations below: Hauling For Hire <input type="checkbox"/> Yes <input type="checkbox"/> No Hauling of Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No Utilize Owner/Operators <input type="checkbox"/> Yes <input type="checkbox"/> No Livery <input type="checkbox"/> Yes <input type="checkbox"/> No Rent Vehicles to Others <input type="checkbox"/> Yes <input type="checkbox"/> No Explanations (if any): _____ _____ |
| Is there a formal Safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Safety Director? <input type="checkbox"/> Yes <input type="checkbox"/> No How often are safety meetings held? _____ |
| Is there a formal vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a Maintenance Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No Are maintenance records kept on each vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do vehicles have specialized equipment attached (i.e. cranes, booms, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ |
| Is there an MVR verification program? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the driver turnover rate? _____ Are there part-time drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No Any drivers under 20 or over 75 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any vehicles taken home at night? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a personal use policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a cell phone policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a passenger policy? <input type="checkbox"/> Yes <input type="checkbox"/> No |