

Request for Quote - Trucking Supplemental

Contact Name _____

Trucking Supplemental

Company Name: _____ Phone: () _____

#	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
T01.	<input type="checkbox"/>	<input type="checkbox"/>	What commodities are carried on the company's trucks?
T02.			What is the company's radius of operation, in miles? 0-200 miles____%, 201-500____%, 501+____% _____ max miles
T03.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company have a formal driver training program?
T04.	<input type="checkbox"/>	<input type="checkbox"/>	How are new drivers recruited for the company?
T05.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company require physicals for new hires? If yes, explain:
T06.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company require periodic physicals for all drivers? If yes, explain:
T07.	<input type="checkbox"/>	<input type="checkbox"/>	Are motor vehicle records obtained periodically by the company for all drivers? If yes, explain:
T08.	<input type="checkbox"/>	<input type="checkbox"/>	Do company drivers do loading and/or unloading? If yes, explain:
T09.	<input type="checkbox"/>	<input type="checkbox"/>	Is there a call-in system used by the company? If yes, how often is the call-in system used?
T10.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company use sleeper units in their trucks? If yes, explain:
T11.	<input type="checkbox"/>	<input type="checkbox"/>	Are driving teams used (two drivers) by the company? If yes, explain:
T12.	<input type="checkbox"/>	<input type="checkbox"/>	Are company vehicles equipped with speed and trip recorders? If yes, explain:
T13.	<input type="checkbox"/>	<input type="checkbox"/>	What is the maintenance schedule for company vehicles? If yes, explain:
T14.	<input type="checkbox"/>	<input type="checkbox"/>	Who performs routine maintenance for company vehicles? If yes, explain:
T15.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company have formal equipment-repair requests, for use by drivers to notify management of deficiencies? If yes, explain:
T16.	<input type="checkbox"/>	<input type="checkbox"/>	Does the company provide a driver's inspection log for per-trip and in-service inspections? If yes, explain:
T17.			What is the average age of the company's tractors, in years? _____ yrs.
T18.			What is the age of the company's oldest unit, in years? _____ yrs.
T19.			What is the company's accident reporting procedure? Explain:
T20.			What percent of the company's trucks are flatbeds? _____ %

Yes No

T21. Explain the company's process use in tarping loads (if applicable)

Explain:

T22. _____ % What is the total percent of owner operators to total drivers used by the company?

T23. How are owner operators used by the company paid? (miles, trip, load, hour, other)

Explain:

T24. What are company's maintenance requirements for the owner operator's equipment?

Explain:

T25. Are maintenance requirements for the owner operator's equipment checked and recorded by Management of the company?

If yes, explain:

T26. Please enter any comments for the underwriters:

Thank you. This form should be attached and submitted with your company's RFQ.