



FOOD DELIVERY, SPECIALIZED DELIVERY AND TRUCK NOC 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-A - Description of Operations: FOOD DELIVERY

Food Delivery: Definition- autos used by food manufactures to transport raw and finished products or autos used in wholesale distribution of food.

- 1. Type of food or product:
2. Name of manufacturer or distribution center:

Section II-B - Description of Operations: SPECIALIZED DELIVERY

Specialized Delivery: Definition-autos used in deliveries subject to time and similar constraints.

- 1. Magazines/Newspapers (Bulk delivery only-delivery to individual homes is not covered)
2. Mail/Parcel Post (Bulk delivery only-delivery to individual homes is not covered)
3. Oilfield Delivery

NOTE: If Oilfield Delivery and the unit qualifies as a Contractor, Dump or Waste vehicle; complete the applicable Colony Contractor, Dump or Waste Supplemental Application.

Section II-C - Description of Operations TRUCK NOC (Not Otherwise Classified)

Truck NOC: Definition-a truck risk that does not fit into any other truck category; therefore, the risk is considered to be not otherwise classified (NOC).

- 1. Hauling your own goods
2. Hauling exclusively for one concern
3. If hauling for one concern, is concern a trucking firm? Yes No
Name of concern:

NOTE: If the concern is a trucking firm, company approval is required to quote the account.

- 4. Specify type(s) of cargo hauled (Be very specific)
5. Do you back haul for hire? Yes No
NOTE: If the risk back hauls for hire, company approval is required to quote the account.

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

- 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 Driver test
 Written test Pre-Employment physical Employment Reference Check
- 3. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually
 Other (Be specific)_____
- 4. Do you report drivers to your agent within **14 days** of employment? Yes No
NOTE: If the answer is no, company approval is required to quote the account.
- 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. How are drivers paid? Per Load Per Hour Per Mile Other (describe)
- 7. What is the wage level of your drivers compared to the industry?
 Average Below Average Above Average
- 8. What is your estimated annual driver turnover? _____%

Section V – Equipment Information

Do you interchange equipment with other carriers? Yes No

If "Yes," give details_____

- 1. Is there specialized equipment attached to any unit? (check all that apply)
 Booms, hooks Other (Be specific)_____
- 2. If more than one unit insured, describe which unit is specially equipped. _____
- 3. Check all applicable Body Types and indicate how many units of each type:
- 4. Box Truck _____ Box Van _____ Cargo Van _____ Tanker _____ Flat Bed _____ Cherry Picker _____
 Ladder Truck _____ Other _____
- 5. Check all applicable Structure Types and indicate how many of each type:
- 6. Stainless steel _____ Metal _____ Fiberglass _____ Aluminum _____ Other _____

Section VI - Safety and Maintenance

- 1. Give Details of Safety Program: (Be specific) _____
- 2. Are any of the following procedures in place? (check all that apply)
 Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program
 Burning Load Fire Training
- 3. How often is vehicle maintenance done and by whom? (Be specific)_____
- Describe your accident reporting procedures:_____
- 4. 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:_____
- 5. 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.
- 6. Is there safety equipment attached to any unit?(check all that apply) cut off switches, strobe lights
 tarps back up alarms Video Monitors 2-Way Radio DriveCam
 Other: (Be specific)

7. 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) Telephone # / License #

Agent's Signature