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## Supplemental Application – Hauling

**Applicant Name:**

1. Do you have any operations other than hauling? Yes  No

If yes please estimate by % of the total revenue and explain operations. \_\_\_\_%

2. Type of Commodities Hauled (By % of total haul – Should equal 100%)

Logs \_\_\_\_%  Chips \_\_\_\_%  Equipment \_\_\_\_%  Lumber \_\_\_\_%

Poles \_\_\_\_%  Sand/Gravel \_\_\_\_%  Building Materials \_\_\_\_%

Other \_\_\_\_% (explain): \_\_\_\_\_

3. Show radius of haul for commodities other than logs. (straight line from loading to delivery site):

Up to 50 \_\_\_\_%  51 to 200 \_\_\_\_%  Over 200 \_\_\_\_%

4. Any off-season hauling operations? Yes  No

If yes describe operations:

5. Any hauling of flammables, explosives or chemicals? Yes  No

If yes describe controls:

6. Describe the major elements of your preventative maintenance program:

7. Do you assign employees to take vehicles home at night? Yes  No

8. Do you prohibit employee personal use of company vehicles? Yes  No

If no, please explain:

9. Are vehicles locked during nights and weekends? Yes  No

10. Do you have a driver safety-training program? Yes  No

If yes, describe program:

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11. Who investigates accidents?

12. How are "lessons learned" from the accident communicated to all drivers?

13. Do you have a Motor Vehicle Report (MVR) acceptability standard for all drivers? Yes  No

If yes, describe standard:

14. How often are drivers' MVR's reviewed? \_\_\_\_\_

15. What actions are taken if MVR's do not meet standard?

16. How are drivers compensated? :

17. Incentive or Bonus Program? Yes  No

If yes describe program:

18. Who is responsible for violations and fines? (check boxes):

	Employer	Employee
Moving Violations	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Secure	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Overweight	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_