

## Supplemental Application – Hauling

Applicant Name: \_\_\_\_\_ DOT # if applicable: \_\_\_\_\_

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 you) (Show % of total haul – Should equal 100%)

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

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

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

3. Show radius of haul. (Straight line from loading to delivery site):

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

4. Do you sub-contract any haul? Yes  No  If Yes, please describe and complete below: \_\_\_\_\_

Annual cost of subcontracted haul \$ \_\_\_\_\_

Do you require subs to name you as Additional Insured? Yes  No

Do you require subs to carry limits equal to your own? Yes  No

Do you have a written contract with all subs? Yes  No

Do your contracts with subs include a hold harmless agreement? Yes  No

5. Any off-season hauling operations? Yes  No

If yes describe operations: \_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

If yes, do you require special filings?

MSC90 \_\_\_\_\_ BMC91 \_\_\_\_\_ Form E (Oregon) \_\_\_\_\_ MCP65 (California) \_\_\_\_\_

Please complete the following:

Do your trucks haul across the state line? Yes  No

Do your trucks or trailers haul more than 3500 gallons of fuel or other hazardous liquids? Yes  No

Do your trucks carry hazardous liquids for hire? Yes  No

Do your trucks carry explosives or other similar hazardous materials? Yes  No

7. Describe the major elements of your preventative maintenance program: \_\_\_\_\_

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

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

If no, please explain: \_\_\_\_\_

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

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

Describe program: \_\_\_\_\_

12. Who investigates accidents? \_\_\_\_\_

13. How are "lessons learned" from the investigation communicated to all employees? \_\_\_\_\_

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

If yes, describe standard: \_\_\_\_\_

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

16. What actions are taken if MVR's do not meet standard? \_\_\_\_\_

17. How are drivers compensated? \_\_\_\_\_

18. Incentive or Bonus Program? Yes  No

If yes describe program: \_\_\_\_\_

19. Who is responsible for paying fines for violations? (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"/>

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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