



**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