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Auto Supplement

Name of Insured:

DOT Number: _____

- 1. Commodities Hauled?
- 2. How many drivers do you have
 - a. 18 to 24 years old ______
 - b. 25 to 70 years old ______
 - c. Over 70 years old ______
- What is the maximum radius of operation ______ miles.
 Do you have trucks driving different routes/distances? If yes, estimate the percentage that drive 0-50 miles ______51-200 miles ______
- Over 200 miles______

 4. How many years have you been in business? _______

 If less than 3 years please describe prior experience in this field _______
- 5. Do you have a formal safety program? ______
 - a. Who is in charge of safety? ______
- 6. Does your hiring criteria include the following:
 - a. MVR check ______
 - b. Drug Screen _____
 - c. Road Test _____
 - d. Physical Exam ______
 - e. Prior Truck Driving Experience _____ Years Required? _____
 - f. Reference checks _____
- 7. Are MVR's run annually as well? _____
- 8. Do you have a regularly scheduled vehide maintenance program? _____
 - a. Done In-house or contracted out? ______
 - b. Is it documented? _____
- 9. Please describe any auto related loss in excess of \$100,000 in the past 5 years?