



SUPPLEMENTAL COMMERCIAL APPLICATION

- 1) Who is the registered owner of the business? _____
 - If the registered owner is an entity, identify the partners in the case of a partnership, members in the case of a limited liability company and shareholders in the case of a corporation. _____
- 2) Do you require filings (Y/N)? _____ DOT #? _____ MC # (if applicable)? _____
- 3) Does your company conduct any business or travel outside the state of New Jersey (Y/N)? _____
 - If so, identify all states in which your company does business or travels to. _____
- 4) How many TOTAL miles did your company vehicles travel in the past 12 months? _____
 - How many TOTAL miles do you anticipate your company vehicles will travel in the next 12 months? _____
- 5) Does your company lease any vehicles on a long-term basis, defined as any lease agreement greater than 3 months, not specifically listed on Acord 127 (Business Auto Section)? If so, please provide the number and type of vehicles leased and the name of the lessor. _____
- 6) How many loads does each company vehicle deliver, on average, per day? _____
- 7) Do your company vehicles haul double/triple trailers and/or oversized loads? _____
- 8) Do you sub-contract with or use sub-haulers or leased operators (Y/N)? _____
- 9) Are you required by any contract(s) to maintain Hired and Non-Owned Auto Coverage (Y/N)? _____
 - If so, identify each such contract. _____
- 10) What is your Company's Annual Payroll? _____
- 11) What is your Company's Annual Gross Revenue? _____
- 12) How many years has your company been in business? _____
- 13) Are any of your company vehicles insured by another insurance carrier? _____

- 14) Does your company have a safety program for its drivers? If so, set forth how many hours of safety training each driver is required to attend per year. _____
- 15) Do you have plans to increase the number of vehicles owned by your company within the next year (Y/N)? _____
- 16) Do you have plans to increase the number of vehicles operated by your company within the next year (Y/N)? _____
- 17) Has the applicant ever done business under a different name? If so, please list the company name(s). _____
- 18) With what company or customer is your largest contract? What is the annual gross revenue from this contract? _____
- 19) Are placards ever required for any vehicle your company operates (Y/N)? _____
- 20) Describe the types of commodities or materials that your company has hauled within the last two years ("General Freight" is not an acceptable response) _____

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken.

Applicant Signature

Date

Producer Signature

Date