



WAY SPECIALTY

AUTOMOBILE SUPPLEMENTAL APPLICATION

Insured Information:

Named Insured (list all Additional Named Insured(s) and their operations and ownership)

Years in Business:

Experience in Industry:

FEIN:

DOT & DOT PIN:

Name of Designated Person Responsible for Safety/Compliance:

Phone:

Email:

Is this person an employee or a consultant? ☐ Yes ☐ No

If an employee, when did the individual become the responsible party:

Garaging Information:

Garaging Street Address (physical address, city, state, zip code)

- Location 1:

How many vehicles?

- Location 2:

How many vehicles?

- Location 3:

How many vehicles?

Are all locations secure? ☐ Yes ☐ No

If yes, describe security?

Radius of Operations (List % of trips)

0-50 miles

51-200 miles

Over 200 miles

Intrastate

Intrastate

Intrastate

Safety Management:

1. Do you have a written safety program that is implemented and enforced at your company?

☐ Yes ☐ No

2. How often are safety meetings held? Weekly Monthly Quarterly Annually

3. Do you have a drug testing program that includes post-accidents? ☐ Yes ☐ No



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4. Do you utilize GPS fleet telematic devices? ☐ Yes ☐ No
a. If yes, please check off the fleet telematics being utilized:
PLUG IN HARD WIRED MOBILE PHONE OTHER
b. What does the fleet telematics track?
c. What percentage of your fleet is provided with this fleet telematics?
d. Does your fleet safety manual address disciplinary actions for any of the following:
EXCESSIVE SPEEDS HARD STOPS PHONE USAGE OTHER
e. How many incidents are allowed before action is taken?
5. Are any vehicles governed? ☐ Yes ☐ No If so, please provide to what speed and what units this pertains to?
6. Do your vehicles contain permanently installed video cameras? ☐ Yes ☐ No
7. Have you had any DOT violations in the last 24 months? ☐ Yes ☐ No
a. If yes, please explain those infractions and what actions were taken as a result?
b. Did any of your inspections result in your vehicle being taken Out-of-Service (OOS)?

Hired/Non-Owned Auto(s):
1. Is coverage being requested for incidental purposes? ☐ Yes ☐ No
2. How often are personal or rented vehicles used for business?
3. How many employees use their own vehicles for business? ☐ Yes ☐ No
4. Required limits for insurance?
5. How many rented vehicles are used annually?
6. What is the annual cost?
7. What types of vehicles are rented?
8. What purposes will hire autos be used (e.g. business trips, sales/services calls, transportation of equipment, etc.)?
9. What driving policies are in place such as personal auto policy or rental company insurance?
10. Are any vehicles rented, leased, or hired for more than 30 days? ☐ Yes ☐ No
11. Are driving records of employees regularly checked? ☐ Yes ☐ No
12. Who maintains the coverage and ensures compliance?
13. Any past claims related to hired or non-owned vehicles?
14. How many incidents or accidents occurred recently related to hired or non-owned coverage?
15. Do you have any other vehicle or business auto insurance? ☐ Yes ☐ No
16. What are your current personal auto policy liability limits?


Maintenance:

1. Do you have a formal written vehicle maintenance program? ☐ Yes ☐ No
 - a. If Yes, Describe the type of maintenance performed in-house versus the type of work outsourced?
 - b. Are in-house mechanics professionally certified? ☐ Yes ☐ No
2. Do you maintain maintenance logs on each vehicle? ☐ Yes ☐ No
3. Do you conduct Pre/Post trip inspections daily? ☐ Yes ☐ No

General Operations:

4. Are all vehicles titled under the business name? ☐ Yes ☐ No
5. Are all vehicles reported on the schedule? ☐ Yes ☐ No
6. Do you perform any hauling for hire? ☐ Yes ☐ No If yes, describe.
7. Do you operate any trucks or trailers that have special equipment, alterations or customizations? ☐ Yes ☐ No

If yes, what vehicles are modified and provide details of modifications:

Prior Insurance Information/Exposures:

8. Has any insurance carrier cancelled or declined to renew your coverage within the past 5 years? ☐ Yes ☐ No If yes, why?
9. Power unit count for the past 5 years?

Expiring Term: 1st Prior Year: 2nd Prior Year: 3rd Prior Year: 4th Prior Year



Driver Performance Maintenance:
1. Do you have a formal, written driving policy that includes MVR (Motor Vehicle Record) standards? ☐ Yes ☐ No If yes, please answer the following:
a. Is the driving policy provided in writing to all employees? ☐ Yes ☐ No
b. Do you maintain signed acknowledgment forms on file? ☐ Yes ☐ No
c. Does the policy include a progressive disciplinary process? ☐ Yes ☐ No
d. What safety violations outlined in the policy may result in immediate suspension or termination? <i>Please specify:</i>
e. Do you offer a driver safety incentive program? ☐ Yes ☐ No
f. Does the policy address cell phone use while driving?
If yes, please describe
g. Do your driving standards include the following requirements? ☐ Yes ☐ No
i. No DWI/DUI violations within the past 3 years ☐ Yes ☐ No
ii. No major violations (e.g., racing, hit-and-run, speeding more than 20 mph over the limit) within the past 3 years ☐ Yes ☐ No
iii. No more than one minor moving violation within the past 3 years ☐ Yes ☐ No
iv. No at-fault accidents within the past 3 years ☐ Yes ☐ No
v. No current license suspensions or revocations ☐ Yes ☐ No
2. How frequently are MVR (Motor Vehicle Record) reports reviewed? <i>Please specify:</i>
3. What are your hiring criteria for drivers? Minimum age: _____ Minimum years of driving experience: _____
4. Does the submitted driver schedule include all active drivers? ☐ Yes ☐ No
5. Do you currently have any employees who are not permitted to drive? ☐ Yes ☐ No
6. Do you employ any drivers under the age of 23 or over the age of 70? ☐ Yes ☐ No If yes, please explain their roles and the types of vehicles they operate:
7. Do you use the Federal Motor Carrier Safety Administration (FMCSA) Pre-Employment Screening Program (PSP) when hiring drivers? ☐ Yes ☐ No
8. Are newly hired drivers allowed to operate vehicles before completing company-specific, documented driver training? ☐ Yes ☐ No
9. Please describe any ongoing driver training programs provided:
10. Do you allow employees to use personal vehicles for business purposes? ☐ Yes ☐ No If yes:



a. Are the same driving policies and standards (Questions 1–3) applied? ☐ Yes ☐ No
b. Are employees required to maintain adequate personal auto insurance limits? ☐ Yes ☐ No
11. What is your annual driver turnover rate?
12. Do you maintain complete, DOT-compliant driver qualification files for each driver? ☐ Yes ☐ No
13. Do you have any CDL drivers under the age of 23? ☐ Yes ☐ No If yes, please provide the driver's age and verification of at least three years of CDL driving experience:
14. Do you have a formal vehicle accident review program? ☐ Yes ☐ No



Signatures

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, Incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Agent represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Signature of Agent:
Print Name of Agent:
Date:

Signature of Insured:
Print Name of Insured:
Date: