

Automobile Supplemental Application – Furniture Store

Insured		Policy No.(s)		Contact/Title			
Location/Address			City/State/Zip		Date/Time 11/15/2007 7:29 AM		
GENERAL INFORMATION							
Explain all "YES" Responses		Yes	No	Explain all "YES" Responses		Yes	No
1	Is There A Vehicle Maintenance Program? • By Insured • By Others	<input type="checkbox"/>	<input type="checkbox"/>	5	Are ICC, PUC or Other Filings Required?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	6	Does Applicant Haul For Others?	<input type="checkbox"/>	<input type="checkbox"/>
2	Vehicle Inspections: • Daily • Weekly • Other _____	<input type="checkbox"/>	<input type="checkbox"/>	7	Are Any Vehicles Leased To Others?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	8	Are Vehicles Left Loaded At Night?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	9	Are Accident Records Maintained?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any Vehicles Used By Family Members?	<input type="checkbox"/>	<input type="checkbox"/>	10	Are Accidents Investigated? • By Management • By Others	<input type="checkbox"/>	<input type="checkbox"/>
4	Are There Any Vehicles Specifically Assigned to Drivers?	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
VEHICLE EXPOSURE							
11	Road Exposure: Urban _____% Suburban _____% Rural _____%						
12	Time of Trips: Day _____% Night _____%						
13	Average Number of Hours Driven Per Day: _____						
14	Are Any Vehicles Equipped With GPS Units? <input type="checkbox"/> YES <input type="checkbox"/> NO						
15	Vehicle Storage When Not In Use: Garage _____% Lot _____% Street _____% Personal Residence _____%						
DRIVERS							
16	Pre-Employment Criteria for Drivers in Place? <input type="checkbox"/> YES <input type="checkbox"/> NO						
17	Is There A Formal Driver Training Program? <input type="checkbox"/> YES <input type="checkbox"/> NO						
18	Is There A Procedure For Periodic Driver Retesting / Retraining? <input type="checkbox"/> YES <input type="checkbox"/> NO						
19	Driver Turnover _____%						
DELIVERY							
20	Is There Customer Delivery Service Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO						
21	What is The Maximum Radius of Customer Delivery? _____ Miles						
22	Are More Than One Delivery Person Required Per Delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO						
23	Are Drivers Compensated On A Per Delivery Basis? <input type="checkbox"/> YES <input type="checkbox"/> NO						
24	Does Vehicles Contain Disposable Cameras/ Accident Recording Instrument? <input type="checkbox"/> YES <input type="checkbox"/> NO						
25	Removal of Replacement Furniture / Appliance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
26	Customer Required To Pre-Arrange Room for Acceptance of Delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
27	Any Installation Work Performed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A						
COMMENTS: _____							
Agent's Signature: _____				Date: _____			