

GMI SUPPLEMENTAL APPLICATION

Submit along with completed ACORDS 125/127/137 and 5 years of currently valued loss runs.

Provide a detailed description of each claim exceeding \$25k.



Effective date: _____ Date quote needed: _____ Expiring Premium: _____ ☐ Check if midterm

Do you control the auto line? ☐ Y ☐ N Are all lines packaged with the SAME carrier? ☐ Y ☐ N

Is the incumbent offering a renewal? ☐ Y ☐ N If yes, what renewal was offered: _____

If no, why not: _____

APPLICANT INFORMATION

Name of Applicant/DBA: _____

Garaging address: _____

Mailing address: _____

Describe your business operations: _____

FEIN#: _____ Years in business: _____ MC#: _____ DOT#: _____

Do you require any Federal or State filings? ☐ N ☐ Y : _____

Do any of your vehicles require placards? ☐ N ☐ Y : _____

What is your Radius of Operation? 0-50 miles _____ % 51-200 miles _____ % 201-500 miles _____ %

List all states that you operate in: _____

AFFILIATES / SUBSIDIARIES

	Business Name	Address	Relationship Interest
1.	_____	_____	_____
2.	_____	_____	_____

FLEET SCHEDULE

	Number of Power Units Insured each Policy Term		Current Year Fleet Breakdown (How many of each?)
Proposed		PPTs	
Current		Light Trucks	
1st Prior		Med Trucks	
2nd Prior		Heavy Trucks	
3rd Prior		X-Heavy Trucks	
		Heavy Tractors	
		X-Heavy Tractors	

1. Are vehicles used in the scope of the business at least 75% of the time? ☐ N ☐ Y

2. Do you have any tank trucks/tank trailers over 3,000 gallon capacity? ☐ N ☐ Y

3. Is Symbol 1 required by contract ☐ N ☐ Y Or can we quote Symbols 7/8/9 ? ☐ N ☐ Y

4. Do vehicles have specialized equipment attached (i.e. cranes, booms, etc.)? ☐ N ☐ Y

If yes, explain: _____

Does the ACORD represent the stated amount for those vehicles? ☐ N ☐ Y

5. What is the Hired & Non-Owned exposure (i.e. subcontractors, 1099's, volunteers, employees using their own vehicles for business purposes, etc.)? _____

6. Is Trailer Interchange needed? ☐ N ☐ Y

Limit: _____ Deductibles: _____ #Unit: _____ Max Value: _____

#Days: _____ Average Value: _____

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7. Cost for Hired Autos (not long term leases): _____

8. Do any of the following apply, and if so, please provide explanations below:

- ☐ Hauling for Hire ☐ Hauling of Hazardous Materials ☐ Utilize Owner/Operators
☐ Livery ☐ Rent Vehicles to others

Explain: _____

SAFETY AND MAINTENANCE

Do Your Driver Selection Procedures Include the Following:	
Written Application? <input type="checkbox"/> N <input type="checkbox"/> Y	Written Test? <input type="checkbox"/> N <input type="checkbox"/> Y
MVR Check? <input type="checkbox"/> N <input type="checkbox"/> Y	Physical Before Hire? <input type="checkbox"/> N <input type="checkbox"/> Y
Interview? <input type="checkbox"/> N <input type="checkbox"/> Y	Reference Checks? <input type="checkbox"/> N <input type="checkbox"/> Y
Drug Test? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how often? _____	Driving Test? <input type="checkbox"/> N <input type="checkbox"/> Y
Is the above documentation in Driver's file and kept up-to-date? <input type="checkbox"/> N <input type="checkbox"/> Y	

1. Is there a Safety Program in place? ☐ N ☐ Y If yes, is it a formal written plan? ☐ N ☐ Y
2. How often are safety meetings held? _____
3. Do you have a Safety Award program? ☐ N ☐ Y Describe: _____
4. Is there a Safety Director/Manager? ☐ N ☐ Y If yes, # of years with Firm: _____
5. Do you have any Telematics in place? ☐ N ☐ Y : _____
6. Is there a Vehicle Maintenance Program? ☐ N ☐ Y If yes, is it a formal written plan? ☐ N ☐ Y
7. Is there a Maintenance Manager? ☐ N ☐ Y If yes, # of years with Firm: _____
8. Are maintenance records kept on each vehicle? ☐ N ☐ Y
9. Are there pre-trip/post-trip inspections? ☐ N ☐ Y
10. Is there an MVR verification program? ☐ N ☐ Y
11. What is the driver turnover rate? _____ Are there part-time drivers? ☐ N ☐ Y
12. Any drivers under 22 or over 70 years of age? ☐ N ☐ Y (If yes, provide MVRs and also complete next page)
13. If the fleet includes vehicles over 26K lbs GVW, do your drivers have at least 2 years of experience on their CDL license? ☐ N ☐ Y And 3 years for tractor-trailers? ☐ N ☐ Y
14. Do employees take vehicles home? ☐ N ☐ Y
15. Do you have a personal use policy in place? ☐ N ☐ Y
16. Is there a cell phone policy in place? ☐ N ☐ Y
17. Do you have a policy regarding Passengers? ☐ N ☐ Y
18. Do you have a catastrophic loss mitigation and vehicle evacuation plan in the event of a storm or imminent threat to the insured vehicles? ☐ N ☐ Y

By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Agency Name: _____ Producer: _____

Address: _____ Telephone: _____

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**This page MUST be completed for each driver UNDER the age of 22 and over the age of 70.
Please also include their MVRs when returning the supplemental app back to us.**

Driver: _____ Hire Status: ☐ Full Time ☐ Part Time ☐ Seasonal
Years of Driving Experience: _____ Years CDL Licensed (if applicable): _____
If CDL, prior company worked for: _____
Type(s) of vehicle(s) to be driven: _____
How often?: _____ Do vehicles driven weigh over 26,000 lbs. GVW? ☐ Yes ☐ No
Describe driving duties: _____

Driver: _____ Hire Status: ☐ Full Time ☐ Part Time ☐ Seasonal
Years of Driving Experience: _____ Years CDL Licensed (if applicable): _____
If CDL, prior company worked for: _____
Type(s) of vehicle(s) to be driven: _____
How often?: _____ Do vehicles driven weigh over 26,000 lbs. GVW? ☐ Yes ☐ No
Describe driving duties: _____

Driver: _____ Hire Status: ☐ Full Time ☐ Part Time ☐ Seasonal
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