

**Supplemental Application**  
**Trucker/Motor Carrier Information Addendum**

Applicant Name: \_\_\_\_\_  
Agent Name: \_\_\_\_\_

1. Are filings required of any government or public agency (i.e. DOT or DPU)?  Y  N

If yes, please provide a list of agency names, your ID number (i.e. MC or DOT) & required liability limit:

2. Are any vehicles owned, operated or leased that are not included on this application?  Y  N

If yes, please provide details:

3. What is the principal place of garaging of your vehicle(s) when not on the road? *Note that this address may be outside of Massachusetts:*

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4. If different from the principal place of garaging, list the address from where your trips emanate?

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5. Do you travel outside of the United States? If so, where? \_\_\_\_\_

6. Terminus Points - List your six most frequent destinations (City & State) and provide the last 4 quarters of IFTA reports to support:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7. Are all Owner/Operators who haul under your MC Authority scheduled on this policy?  Y  N

If no, please provide details:

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8. Do you have a signed trailer interchange agreement?  Y  N (If yes, please provide a copy)

9. Do you hire, rent or borrow any units from others?  Y  N

If yes, will they be scheduled on this policy?  Y  N

If no, please explain: \_\_\_\_\_

10. What is the average term of the lease you generally enter into? \_\_\_\_\_

11. Please indicate by checking the box your understanding that any lease or rental agreement for less than six months is covered only if Hired Automobile Coverage is purchased and if so, extends to liability coverage only?

I understand

12. Do you carry Hired Physical Damage Coverage?  Y  N

If yes, provide your policy number & insurance carrier:

13. Please document the most common commodities that you haul:

Commodity	% of Loads	Cargo Owner(s)
	%	
	%	
	%	
	%	

14. Is hazardous material or hazardous waste hauled?  Y  N

If yes, please provide a description:

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Applicant Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

By signing below, I hereby certify that all information provided herein is true and accurate.

Signature of Applicant's Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Applicant's Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Witness to the Signator and Signing above:

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Producer: \_\_\_\_\_

Agency Name: \_\_\_\_\_