



## Amazon Supplemental Application

Insured Name: \_\_\_\_\_ Broker: \_\_\_\_\_

Web Site: \_\_\_\_\_ FEIN: \_\_\_\_\_

<b>GENERAL INFORMATION</b>			
How are drivers paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Mile <input type="checkbox"/> Per Trip <input type="checkbox"/> % of Load <input type="checkbox"/> Other	Average full-time wage or rate of pay?	
Radius of Operation - must equal 100%	<input type="checkbox"/> % < 200 miles <input type="checkbox"/> % 200-300 miles <input type="checkbox"/> % 300-500 miles <input type="checkbox"/> % 500-1,000 miles <input type="checkbox"/> % >1,000 miles		
Does insured have a vehicle/fleet maintenance program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>SAFETY INFORMATION</b>	
Active IIPP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety incentives: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an established method for reporting claims: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written safety manual: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is insured willing to implement loss control recommendations made by the insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Director employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Phone: _____	Is it provided to all employees in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi

<b>DRIVERS</b>					
Minimum age for new driver		Do driver hiring procedures include the following (Check all that apply)			
Minimum experience required					
# of full-time employee drivers					
# of part-time employee drivers					
		<input type="checkbox"/> Written Application	<input type="checkbox"/> Written Test	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Road Test
		<input type="checkbox"/> Physical Exam Before Hire	<input type="checkbox"/> Interview	<input type="checkbox"/> Drug Test	<input type="checkbox"/> Reference Check
		<input type="checkbox"/> Criminal Background checks			
Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the insured have a written distracted driving program and/or cell phone policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes please describe:					

<b>NEW VENTURE RISKS (completion required)</b>	
Is this an existing business being purchased by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the majority of employees being retained for the new business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of managers and supervisors are being retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were any employees compensated via 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a true New Venture operation with no prior experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what capacity has the applicant worked in the last 5 years as it pertains to the transportation Industry (please list prior companies):	
What are the applicant hiring practices? What is the percentage of ee's that have prior parcel delivery experience?	

<b>DECLARATION</b>			
I declare that after proper inquiry the statements and particulars given in this application are true and that I have not misstated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.			
This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.			
Signed:		Dated:	
Printed, Full name of signatory:		Title:	