



**Additional Application Supplement**

If Fax, # of pages \_\_\_\_\_

Name \_\_\_\_\_ Submission Number: \_\_\_\_\_

**DRIVER INFORMATION**

Must be Completed for All Drivers

Driver Name (Last, First, Middle)	Date of Birth	License Number	State	# Yrs. Driving Similar Equip.	Date of Hire	# Accidents

**DRIVER EMPLOYMENT HISTORY**

If you have not had insurance for the past two years in your name, provide three years employment history for each driver. (Use form TF-079 for additional drivers.) Do not indicate "self-employed" unless you have had insurance in your name.

Driver Name (Last, First, Middle)	Prior Employment and Full Address	Dates of Employment	Type of Unit

**INSURANCE HISTORY AND LOSS EXPERIENCE**

\*Type: P=Phys. Dmg. C=Cargo L=Prim. Liab. N=Non-Trk. Liab. GL=Genl Liab. IM=Inland Marine

Prior Carrier Effective Dates	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses
to					
to					
to					

**SCHEDULE OF AUTOS**

All units you own or are leased to you must be scheduled and insured if filings are to be made.

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Limit	Radius
GVW/GCW				Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Employee Owned <input type="checkbox"/> Leased w/ Driver Incl. Non-Trucking <input type="checkbox"/> Leased With Driver <input type="checkbox"/> Leased Without Driver <input type="checkbox"/> Leased w/ Driver Excl. Non-Trucking			
<b>PUBLIC AUTO ONLY</b>	Seating Capacity		Length of Stretch		Name of Coach Builder/Modifier		
	Alternative Fuel Vehicle <input type="checkbox"/> Hybrid Electric <input type="checkbox"/> All Electric <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other, Specify:						
	Additional Coverages: <input type="checkbox"/> Finance Value <input type="checkbox"/> Lease - Loan <input type="checkbox"/> Towing & Labor						
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**\*Vehicle Type Legend - Refer to primary Application for codes.**

**ADDITIONAL INTERESTS**

Type\*: AI - Additional Insured AL - Lessor; Additional Insured and Loss Payee LP - Loss Payee  
LI - Leased with Driver Including Non-Trucking LX - Leased with Driver Excluding Non-Trucking

Unit #	Type*	Name	Address	City	State	ZIP Code