

Fleet Technology Safety Supplemental Application

General Information

Name of Applicant:

Address:

Name of Agent:

MC #:

DOT #:

Applicant's Confirmation

I certify that the information below is true and correct to the best of my knowledge.

Name:

Signature:

Title:

Date:

Safety Program

Name/Title of person in charge of safety:

Fleet Technology Components

1. Type of Electronic Logging Device (ELD) system used?
2. Do you have a vehicle telematics system in place? Yes No
Comments:
3. Are all vehicles in the fleet equipped? Yes No
Comments:
4. Are telematics data/trends monitored regularly by management? Yes No
Comments:
5. Name of Telematics provider:
6. Does system collect driver behavior data (such as speeding and aggressive driving)? Yes No
7. Explain how the telematics data is applied to the safety performance management of your employees:
8. Are all trucks equipped with dash cams? Yes No
Forward facing? Forward and rear facing? Other
9. Do you have a policy mandating that trucks and trailers traveling to Metro areas such as Boston, NYC, and Hartford are equipped with Side Guards (not aero skirts)? Yes No
10. # of trucks equipped with collision avoidance systems:
11. # of trucks equipped with speed governors: Speed set at:

This Supplemental Application is an addendum to the standard ACORD® Commercial Insurance Application. All notices, statements, and representations contained in such ACORD® Commercial Insurance Application apply equally to this Supplemental Application and are hereby incorporated into this Supplemental Application by reference.

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