

# GLOBAL HAWK INSURANCE COMPANY (RRG)

## DRIVER / SUB-HAULER SUPPLEMENT FORM

\_\_\_\_\_  
(Named Insured/DBA)

Check all practices used by your company: (Give full explanation of each question. Use separate sheet, if necessary)

1. MVR check  Road Test  Written application  Physical exam   
 Drug Test  Reference Check  Employment Verification

2. Describe acceptability requirements for hiring drivers: \_\_\_\_\_  
 \_\_\_\_\_

3. Use Owner / Operators? Yes  No  % of Revenues \_\_\_\_\_

4. Use team drivers? Yes  No  Number / Teams \_\_\_\_\_

5. Are Motor Vehicle Reports of employed drivers pulled and reviewed? Yes  No   
 If Yes, how often? \_\_\_\_\_ / attach policies.

6. Are all drivers covered under workers' Compensation? Yes  No  If Yes, name of  
 Insurance Co \_\_\_\_\_ Policy No \_\_\_\_\_  
 Effective date \_\_\_\_\_ Expir y date \_\_\_\_\_ . If no, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Driver Turnover in the past year. Hired \_\_\_\_\_ Terminated \_\_\_\_\_ Quit \_\_\_\_\_ Others \_\_\_\_\_

8. Max hours driven per day \_\_\_\_\_ per week \_\_\_\_\_ (5 day week or 7 day) \_\_\_\_\_  
 (info required for each driver, use additional sheet if required)

9. How are drivers compensated?  
 Hourly  Per trip  Salary  Others \_\_\_\_\_

10. What hours of the day do your drivers operate? 6 AM to 2 PM \_\_\_\_\_ %  
 2 PM to 10 PM \_\_\_\_\_ % 10PM to 6 AM \_\_\_\_\_ %

11. Where do your drivers sleep when they are on a trip? At Home  Motel  In the cab   
 Others \_\_\_\_\_

*You must inform the company before hiring any new driver. You should have confirmation in writing regarding the acceptability of the driver by GHI.*

12. Is your operation subject to time restraints when delivering the commodity? Yes  No

13. If not hauling for others, will the vehicles be parked at a jobsite most of the day? Yes  No

14. Do you haul for others? Yes  No

Name	Is there a written agreement?		Copy Attached?	
1. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, provide a copy of the agreement.

15. Gross receipts - Estimate this year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_ Next Year: \$ \_\_\_\_\_

16. (i) Are any vehicles or equipment loaned, rented or leased to others? Yes  No

(ii) Do you lease, hire, rent or borrow any vehicles from others? Yes  No  What is the Average length of the lease? \_\_\_\_\_ Is there a written agreement? Yes  No  If yes, Provide a copy of the agreement.

17. What is your cost to lease, hire, rent or borrow vehicles? – per month \$ \_\_\_\_\_ per year \$ \_\_\_\_\_

18. What type of vehicles do you lease, hire, rent or borrow? \_\_\_\_\_

19. Do you use owner/operators (sub-haulers)? Yes  No  If yes, is there a written agreement? Yes  No  If Yes, provide the agreement.

20. Owner operator / sub-hauler have their own insurance? Yes  No  (provide cert for each)

Name	Insurance Carrier	Insurance Certificate Attached
1. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. Will owner/operators (sub-haulers) be scheduled on your policy? Yes  No

Please list your sub-haulers below:

Name	Agreement Attached?
1. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

22. Do you use subcontractors? Yes  No  If yes, answer questions a-e.

- a. Who are your subcontractors? \_\_\_\_\_
- b. Are subcontractors required to provide Certificates of Insurance? Yes  No
- c. What limit of Auto Liability are subcontractors required to carry? \_\_\_\_\_
- d. What job duties are performed by the subcontractors? \_\_\_\_\_
- e. What is your cost to use subcontractors? \_\_\_\_\_

23. At any time will your employees, subcontractors, or owner/operators lease vehicles on your behalf? Yes  No

If yes, Please list below

Name	Type of Vehicle	Lease agreement attached
1. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

24. Do any employees, subcontractors or sub-haulers use their vehicles while conducting your business? Yes  No

If yes, Please list below.

Name	Insurance Carrier	Limit of Liability Ins.	Insurance Certificate Attached
1. _____	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Do you understand that we may audit your records? Yes  No

26. Do any of your family members use the vehicles? Yes  No  If yes, Please list below:

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

27. Do you allow passengers to ride in your vehicles? Yes  No

28. Are you familiar with the U.S. Department of Transportation driver requirements? Yes  No

- 29. (i) Do you maintain driver activity files? Yes  No
- (ii) Do you review current MVRs on all drivers prior to hiring? Yes  No
- (iii) Is there a formal driver hiring procedure? Yes  No
- (iv) Drug Screening? Yes  No
- (v) If you have a formal driver hiring/training program, provide a copy with this application.

30. Are all drivers employees? Yes  No

If No, explain: \_\_\_\_\_

If Yes, list below

Name	Length of Employment	Years/Months
1. _____	_____	____/____
2. _____	_____	____/____
3. _____	_____	____/____

31. Is there a formal safety program? Yes  No  If yes, provide details or a copy: \_\_\_\_\_

\_\_\_\_\_

32. Provide details of your maintenance program: \_\_\_\_\_

\_\_\_\_\_

33. Do you agree to screen and report all potential operators immediately upon hiring before giving them a load?  
Yes  No

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)