



Owner/Operator Supplemental Information Form

Name _____ DBA: _____

Operate as: Individual Partnership Corporation LLC

Helpers, relatives, contract labor, casual labor, employees or subcontractors that work with or for you: Yes No

Payment by: 1099 W2

Workers' Compensation or Commercial Auto Liability Policy: Yes No

- If yes, you must submit a copy to this application/form

Check any of the following statements that apply:

Own truck

Lease truck

DOT #: _____

Reimbursed for expenses – if yes, list those expenses: _____

Can refuse a load

Include a copy of the signed contract(s) between the owner/operator and the policyholder.

Signature of Contractor _____ Date _____

Submission or Policy Number _____

Signature of Applicant/Policyholder _____ Date _____

No consideration will be given unless the required insurance policy and contract documents are provided with this completed and signed form.

Providing the completed form and supporting documentation does not guarantee amounts paid to "owner/operator" will be excluded from premium charges.