



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	Past 3 Years		
						# Violations/ Minor	Major	# Accidents

DRIVER LOSS HISTORY

Driver Name (Last, First, Middle)	Date of Accident	Amount of Accident	Description

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.

Prior Carrier Effective Dates From - To	Prior Carrier Name	Policy Number	Coverage Type*	# Units Insured	# Losses	Loss Amount	Driver Involved in Loss

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 Value
GVW/GCW			Radius	Owner's Name		
PUBLIC AUTO ONLY		Seating Capacity	Length of Stretch	Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC

No.	Unit ID	Year	Make	Vehicle Type*	VIN Number	Stated Value
GVW/GCW				Radius	Owner's Name	
PUBLIC		Seating Capacity	Length of Stretch	Name of Coach Builder/Modifier		<input type="checkbox"/> QVC/CMC
AUTO ONLY						
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AUTO ONLY						

***Vehicle Type Legend - Refer to primary Application for codes.**

ADDITIONAL INTERESTS

AI Type* AI - Additional Insured LP - Loss Payee LE - Employee as Lessor AP - Lessor-Additional Insured and Loss Payee

Unit #	AI Type*	Name	Address	City	State	ZIP Code