



On-Demand Delivery Company (ODNC) Supplemental Application

General Information

Named Insured: _____

Website: _____ FEIN: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Age of Business: _____ Total # Drivers: _____

Description of Operations:

Operating as: Individual Partnership Corporation Other: _____

Total Revenue: _____ Operating Budget: _____

Qualification

If the answer to any of the following is “Yes,” the risk is unacceptable*

- I. Are any vehicles above 15,000 lbs. Gross Vehicle Weight (GVW)? Yes No
- II. Are there any trailers, heavy trucks, or tractors? Yes No
- III. Are any vehicles above 8-passenger seating capacity? Yes No
- IV. Does the insured’s operations include installation of the delivered item(s)? Yes No

*Please reach out to your underwriter if you have any questions about the above guidelines or a particular submission.

Please attach the following with this completed Supplemental:

- Signed Acord
- Vehicle Eligibility Requirements
- Currently Valued Loss Runs
- Driver Eligibility Requirements
- Driver Code of Conduct
- Criteria for deactivating or terminating drivers

Exposure Details

In order to provide the most accurate quote, we will need the items below:

Total Annual Miles: _____

States of Operation: _____

City	% of Operations	City	% of Operations

- I. Are drivers allowed to transport passengers in addition to transporting goods? Yes No
If yes, you must apply for that coverage separately.

Vehicles

- I. Do the insured own or lease any autos? Yes No
- II. Are you requesting to insure any vehicles that are owned or leased? Yes No
If yes, you must apply for that coverage separately.
- III. Are drivers allowed to drive vehicles rented or leased by the insured? Yes No
- IV. Do any employees use personal vehicles for business operations? Yes No

If so, please describe:

- V. Are drivers required to provide evidence of their own Auto Insurance? Yes No
 If yes, how often is it verified that insurance is current?

Drivers

- I. Are the drivers Independent Contractors? Or Employees? _____
- II. Does the insured have a driver incentive program? Yes No
- III. Please mark driver hiring requirements:

<input type="checkbox"/> MVR Reports	<input type="checkbox"/> Criminal background check
<input type="checkbox"/> Drug check	<input type="checkbox"/> Minimum age: _____
<input type="checkbox"/> Written Application	<input type="checkbox"/> Minimum years licensed: _____
<input type="checkbox"/> Other: _____	

IV. How often does the insured order and review MVRs for drivers?

V. What criteria is used for MVR acceptability?

Risk Management & Claims Reporting

I. Contact information for the person responsible for risk management & claims reporting:

Name: -----

Phone Number: -----

eMail Address: -----

II. Have there been any claims involving a driver that was not logged into the insured's application?

Yes No

If yes, please attached detailed claim summary.

III. Does the insured hold regular safety meetings? Yes No

If Yes, how often are they held? -----

Is attendance mandatory? Yes No

Premium History

Period Term	Insurance Company	Auto Liability Premium	Physical Damage Premium
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			