



ADDITIONAL INFORMATION SUPPLEMENT

Applicant Name: _____

INSURANCE HISTORY AND LOSS EXPERIENCE

Policy Term		Insurance Company	Coverages Provided	Total # Accidents		Accidents with BI		Driver(s) Attach loss runs if multiple
From	To			#	Amount of Loss	#	Amount of Loss	

DRIVERS

Driver's Name	Date of Birth	License Number / Social Security Number	State	Years Driving Similar Equip	Date of Hire	# Convicted Viol / Acc Past 3 Years			# Convicted Violations Past Year
						Minor	Major	Acc	

VEHICLES

Unit No.	Model Year	Trade Name	Serial Number Full Number is Required	Body Type*	GVW or GCW	Stated Value	Owned = O Leased = L

LIENHOLDER (LP) AND ADDITIONAL INSURED (AI) INFORMATION

Unit No.	Indicate LP / AI	Name	Street Address, City, State, Zip Code

COMMENTS

Question #	Comments