



Owner/Operator Supplemental Information

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

Signature of Contractor _____ Date _____

Submission or Policy Number _____

Signature of Applicant/Policyholder _____ Date _____