



CTC Transportation Insurance Services, LLC
 12707 High Bluff Drive, Suite 200
 San Diego, CA 92130
 Phone: (858) 350-4370
 Fax: (858) 430-9456

AGENCY NAME: _____
 PRODUCER: _____
 E-MAIL: _____
 FAX NUMBER: _____

SCHEDULE OF DRIVERS SUPPLEMENT (FMC-2)

A. GENERAL INFORMATION

New Renewal of _____ Date Coverage Desired: _____ / _____ / _____

Name of Applicant _____

1. Total number of employees? _____
2. Number of employed drivers? _____
3. Number of drivers hired during the past 12 months? _____
4. Number of drivers replaced during the past 12 months? _____
5. Number of drivers increased during the past 12 months? _____
6. Number of drivers who left Applicant's employment during the past 12 months? _____
7. Are MVRs reviewed before hiring or leasing a driver? Yes No
8. How often are MVRs checked on employed drivers? _____
9. How many years experience are required of prospective drivers? _____
10. How many points/moving violations and/or accidents are considered acceptable on MVRs? _____
11. Are there certain types of moving violations which disqualify a driver or lead to termination or probation? Yes No
 If yes, please describe. _____
12. Are all full-time, part-time and leased drivers listed on this supplemental application's "Drivers Schedule?" Yes No
13. Are drivers accompanied by a helper or second driver? Yes No
14. Driver's maximum hours: a. Driving _____ daily, _____ weekly
 b. On Duty _____ daily, _____ weekly
15. Have all drivers met Commercial Driver Licensing (CDL) requirements? Yes No
16. Do all drivers hold current state DOT physical examination certificates? Yes No
17. Do all drivers hold current federal DOT physical examination certificates? Yes No
18. Is DOT driver drug testing required? Yes No During employment? Yes No
19. Are you complying with U S DOT driver regulations? Yes No
20. Driver age requirements: _____ Minimum _____ Maximum
21. Driver's pay is calculated by: Trip Hourly Other (describe) _____
22. Do driver selection procedures include:

Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Road test certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? _____
Reference checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	New pre-employment physical exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written test certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	New motor vehicle reports prior to hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do driver's files include:

Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interview results? <input type="checkbox"/> Yes <input type="checkbox"/> No	Training record? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference check documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Safe driver awards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written test results? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplinary warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No
List of driver's traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident reviews? <input type="checkbox"/> Yes <input type="checkbox"/> No
Road test results? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical exam results? <input type="checkbox"/> Yes <input type="checkbox"/> No
Motor vehicle report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug screening results? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does driver indoctrination include:

Company rules and policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route familiarization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daily DOT vehicle inspection procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment familiarization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident reporting procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No

25. Driver Age:

- Number of drivers younger than age 21 _____
- Number of drivers ages 21 to 24 _____
- Number of drivers ages 25 to 29 _____
- Number of drivers ages 30 to 64 _____
- Number of drivers over age 64 _____
- Total Number of drivers _____

26. Driver Tenure:

- Unknown driver tenure _____
- Less than 1 year driver tenure _____
- One to 5 years driver tenure _____
- 6 or more years driver tenure _____
- Total Number of drivers _____

REQUIRED ATTACHMENT – Schedule of Drivers (Include the following for all drivers.)

- A. Name of driver
- B. Date of birth
- C. State of licensing
- D. Driver license number
- E. Three year violation history *
- F. Three year accident history *
- G. Three year suspension / revocation history *
- H. Number of years driving experience in the same type of vehicle
- I. Number of years with a CDL
- J. Date of hire
- K. Identify whether employee or owner operator
- L. Identify whether full-time or part-time

* Require details of accidents, violations, suspensions and revocations. Alternative: a copy of Motor Vehicle Reports (MVRs) may be attached.

DRIVER REPORTING

The drivers listed in this application are a complete list of all drivers. I understand that I must report all new full time or part time drivers in a timely manner. Failure to report all drivers is grounds for non-renewal of this policy.

_____ / _____ / _____
 Signature of Applicant Title Date

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