



# Owner/Operator Supplemental Information Form

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 an of the following statements that apply:

Own truck

Lease truck

DOT #: \_\_\_\_\_

Reimbursed for expenses – if yes, list those expenses: \_\_\_\_\_

Can refuse a load

**Include a copy of the signed contract(s) between the owner/operator and the policyholder.**

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

Submission or Policy Number \_\_\_\_\_

Signature of Applicant/Policyholder \_\_\_\_\_ Date \_\_\_\_\_

**No consideration will be given unless the required insurance policy and contract documents are provided with this completed and signed form.**

**Providing the completed form and supporting documentation does not guarantee amounts paid to "owner/operator" will be excluded from premium charges.**