

Courier Operations Supplement



Name of Applicant/ Insured:	Policy Number:	Effective Date:
Broker Name & Number:		In Business Since:

Required Documentation:

- ☐ CVOR level II/ Carrier Profile (if applicable)
- ☐ Confirmation of relevant experience for all drivers

VEHICLES						
Vehicle Number	Vehicle Details (Year, Make, Model)	Vehicle Serial Number	Normal Radius	Maximum Radius	Set Route	Furthest Destination
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATIONS	
Are deliveries made under contract or exclusive agreement(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide the names of all companies for which contracts/agreements exist:	
Are deliveries time sensitive (guaranteed delivery time and/or day or next day delivery)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Do deliveries have a guaranteed time window (interval of time a delivery can take place)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

COMMODITIES & CARGO			
Commodity Carried	Percentage of Load	Commodity Carried	Percentage of Load
Alcohol, Beer, Wine Spirits	%	Miscellaneous Envelopes / Packages	%
Auto Parts	%	Precious Metals	%
Electronics	%	Pharmaceuticals (Drugs)	%
Fine Arts	%	Tobacco/Tobacco products	%
Fur	%	Non-prepared Food Kits (e.g., meal kits)	%
Hazardous/Dangerous goods	%	Other:	%
Jewelry	%		

DRIVERS						
Driver Number	Driver Name	License Number	Date of Birth	Vehicle Operated	Employed Since	Years experience with similar vehicle/exposure

Does the applicant/Insured have hiring practices in place? Yes ☐ No ☐

If yes, please provide details (relevant experience confirmed, abstracts ordered and reviewed, claims, accidents etc.)

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant / Insured:	Date:
Signature of Broker:	Date: