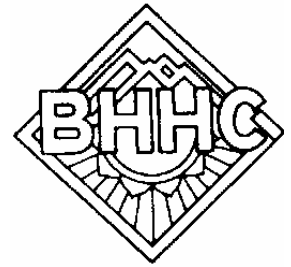


Berkshire Hathaway Homestate Companies



DUMP TRUCK SUPPLEMENTAL APPLICATION

Name Insured:

Policy Number:

Effective Date:

Contract Carrier Common Carrier Years in Business: _____

Has the producer personally visited insured? yes no
(**please provide photos of the operation, including truck(s) at time of binding)

Commodities Hauled: _____

Do you haul soil contaminated with fuel, fertilizers, chemicals, mine tailings or other hazardous waste? yes no

Do you require state and/or federal filings? yes no

State filings, list states: _____

ICC MC Docket #: _____ Base Registration State: _____

Oversize/overweight filings: _____

Other, please describe: _____

How are drivers paid? hourly salary by the load commission

Do the drivers receive benefits? yes no
Describe benefits: _____

What are the total drivers annual wages combined? _____

***Please complete attached drivers list including dates of hire and years of dump experience.

What are the average miles per unit on an annual basis? _____

What is the maximum distance and location? _____

Total annual mileage for all units combined? _____ Normal radius of operations? _____

What is your average haul distance? _____

Hours of operation? _____ to _____

Any driving between 10pm and 3am? yes no Percentage between these hours _____%

Do you have a written safety program in force?
(please provide copy) yes no

Do you have a safety manager? yes no Name of Safety Manager _____

Do you follow DOT hiring regulations? yes no

Do all drivers have a minimum of 2 years CDL and/or dump experience?
(**Please provide copy) yes no

Do you use outside owner operators not scheduled on our account?
(if yes, **please provide a copy of the lease agreement/contract) yes no

If so, do you collect certificates of insurance from the owner operators? yes no

What limits are required? _____

What is the annual cost of hire? _____

Number of hired drivers: _____

Gross Annual Receipts: _____

Insured Signature: _____ Date: _____