



**GEMINI
TRANSPORTATION
UNDERWRITERS**

| a Berkley Company

TELEMATICS SUPPLEMENTAL

I. General Information

Name of Applicant: _____

Address: _____

Name of Broker: _____ MC#: _____ DOT #: _____

Applicant's Confirmation

I certify that the information below is true and correct to the best of my knowledge.

Name _____ Signature _____

Title _____ Date _____

SAFETY PROGRAM

Name / Title of person in charge of safety _____

FLEET TECHNOLOGY COMPONENTS	Yes	No	% of Units if Yes
Are units equipped with telematics?			
Name of telematics provider: _____			
Is telematics data monitored by management and utilized to coach driver behavior?			
Comments: _____			
Are units equipped with forward facing cameras?			
Are units equipped with driver facing cameras?			
Are units equipped with driver assist and collision mitigation technology? <i>Example - Blind-spot Warning System; Lane departure Warning System; Back-up Camera; et al.</i>			

Comments:

Are units equipped with collision avoidance technology? <i>Example - Automatic Braking, Adaptive Cruise Control, Electronic Stability Control, et al.</i>			
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Comments: