



TRUCKING

WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION


GENERAL INFORMATION

Company Name				DOT #		
Year Business Started				Web Address		
Physical location of each terminal (City and State)						
States units are garaged at driver's residence						
Can drivers be dispatched from their residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage of hauls that are regular routes	%		
Is there any driving or deliveries in Florida?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage of LTL freight	%		
Are there any businesses owned or operated by applicant other than company listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List Other Businesses (if any)			
If "Yes" above, is there any interchange of labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
How are drivers paid?	<input type="checkbox"/> Hourly	<input type="checkbox"/> Per Mile	<input type="checkbox"/> Per Trip	<input type="checkbox"/> % of Load	<input type="checkbox"/> Other	Average full-time wage or rate of pay?
Radius of Operation	% < 200 miles	% 200-300 miles	% 300-500 miles	% 500-1000 miles	% > 1000 miles	
States (or area) other than home base traveled to frequently						
Number of driving teams			Number of any mechanics, clerical or other employees fill-in as a truck driver as needed?			
Does company owner drive a truck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is company owner to be included on policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EQUIPMENT

Number of Power Units (Including trucks leased to/from others)							
Conventional		Straight Trucks		Dump Trucks		Wreckers	
Cabovers		Other					
Trailers (Percentage of total annual fleet miles) ** Must Equal 100% **							
Van/Dry Box	%	Intermodal Containers	%	Open-Top Van (chip)	%	Flatbed	%
Liquid Tanker	%	Drop/Step-Deck (etc.)	%	Hopper Bottom	%	Reefer	%
Dry Bulk	%	Walking Floor	%	Compressed Gas	%	Logging	%
Livestock	%	Curtain-Side	%	Auto Transporter	%	Dump	%
Other	%	Describe "Other" Types of Trailers					
Do drivers pull any double or triple trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speed at which trucks are governed?				

COMMODITIES COMMONLY TRANSPORTED

List the most commonly transported commodities and the % of total freight that each represents.					
Does the applicant haul hazardous materials	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Percentage of freight categorized as HazMat	%	
	If HazMat freight is transported, list the chemicals transported, the frequency at which they are transported and the personal protective equipment worn by drivers during loading/unloading on page 3 of this document.				

Please submit with [Driver Schedule](#), [Vehicle Schedule](#), [Historical Premiums and Payrolls for the Past Five Years](#) (or number of years in business if less than five years).

DRIVERS

Minimum age for new driver		Do driver selection procedures include the following (Check all that apply)			
Minimum experience required		<input type="checkbox"/> Written Application	<input type="checkbox"/> Written Test	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Road Test
# of full-time employee drivers		<input type="checkbox"/> Physical Exam Before Hire	<input type="checkbox"/> Interview	<input type="checkbox"/> Drug Test	<input type="checkbox"/> Reference Check
# of part-time employee drivers		<input type="checkbox"/> FMCSA Pre-employment Screening Program	<input type="checkbox"/> Criminal background checks		
Number of W2 forms issued in previous calendar year				Number of 1099 forms issued in previous calendar year	
What is the estimated percentage of driver turnover?				Describe recent trends in driver turnover	
Number of "true" owner/operators (own the truck they operate)				Number of "fleet operators" (operate truck owned by other entity)	
• To be included on workers' compensation policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No		• To be included on workers' compensation policy?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Certificates of coverage obtained?		<input type="checkbox"/> Yes <input type="checkbox"/> No		• Certificates of coverage obtained?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MAINTENANCE OPERATION

(CHECK ALL THAT ARE APPROPRIATE)

<input type="checkbox"/>	There are no employee mechanics - All truck and trailer service/repair is performed by outside entities)	<input type="checkbox"/>	One or more employees performs <u>most</u> non-warranty service/repair work on company-owned power-units	
<input type="checkbox"/>	One or more employees performs preventative maintenance <u>only</u> (brakes, lights, oil, grease, etc)	<input type="checkbox"/>	One or more employees performs service/repair work on company-owned trailers	
<input type="checkbox"/>	One or more employees repairs and/or mounts tires	Tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	One or more employees performs service repair work on for equipment not owned or operated by the applicant
<input type="checkbox"/>	One or more employees performs roadside repairs		<input type="checkbox"/>	One or more employees performs work that involves tank entry

DRIVER INTERACTION WITH FREIGHT

(EXPRESSED AS PERCENT OF HAULS)

Drivers load or unload with material handling aids	%	Drivers tarping freight without tarping mechanical system	%
Drivers load or unload without material handling aids	%	Drivers secure freight using load-locks, bars, straps or chains	%
Drivers tailgating freight	%	Drivers are involved in decking and/or blanket-wrapping	%
Drivers top-load tankers (access using loading rack)	%	Other (describe)	
Drives top-load tankers (access using tanker ladder)	%		
Percentage of loads lumpers are used	%	Do lumpers carry workers' compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are certificates obtained for lumpers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL SAFETY MANAGEMENT

Frequency of driver safety meetings?		Contact Information for company safety director	
Incentive for clean roadside inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	
Is there a safety-related incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS	
Does employer use electronic HOS logs	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE	
Is modified duty used to control claims costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</i>	
Percent of employee participation in employer-provided healthcare insurance? (N/A if not offered)	%		
Applicant's Signature	Date	Agent's Signature	Date

**OWNER OPERATORS (O/OPS) – Midwestern Underwriting Rule

In states where O/OPS are excluded by statute payroll will be included at audit unless; either a certificate of insurance for Worker's Compensation or proof of Occupational Accident Coverage is provided. In all other states (except North Carolina) O/OPS will be included in payroll at audit unless a Certificate of Insurance for Worker's Compensation is provided. North Carolina requires O/OPS to be included in coverage.

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HAZMAT FREIGHT OVERVIEW

PLEASE LIST THE 5 MOST FREQUENTLY TRANSPORTED HAZMAT FREIGHT IN EACH CATEGORY

	Chemical Name and UN#	Approx # Loads/Month	PPE Worn by Driver when Loading/Unloading
CLASS 2 Gases			
CLASS 3 Flammable Liquid and Combustible Liquid			
CLASS 4 Flammable Solid, Spontaneously Combustible, Dangerous			
CLASS 5 Oxidizer & Organic Peroxide			
CLASS 6 Poison (Toxic) and Poison Inhalation Hazard			
CLASS 8 Corrosive			

Approximate number of total loads per month of any/all freight, including HazMat loads and non-HazMat loads		
Does the company transport any Class 1 (Explosives) Freight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if "Yes" attach a narrative regarding this freight)
Does the company transport any Class 7 (Radioactive) Freight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if "Yes" attach a narrative regarding this freight)
Does the company have a written OSHA Hazard Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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