

WORKERS COMPENSATION TRUCKERS SUPPLEMENTAL APPLICATION

ACCOUNT NAME	POLICY EFF. DATE
PHYSICAL ADDRESS	FEIN:
ANCILLARY LOCATIONS	TELEPHONE
	WEBSITE

TYPE OF AUTHORITY: COMMON CARRIER CONTRACT CARRIER PRIVATE BROKERAGE EXEMPT

ROUTING: REGULAR ROUTE IRREGULAR ROUTE

FILINGS: DOT #: PUC # DMV/MCP #

TOTAL NUMBER OF EMPLOYEES:	F/T	TOTAL PAYROLL	P/T	TOTAL PAYROLL
DRIVERS	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
NON-DRIVERS (SALES, SUPERVISORS, ETC.)	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
WAREHOUSE / MATERIAL HANDLING	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
MECHANICS	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
OFFICE/CLERICAL (INCLUDING DISPATCHERS)	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
CONTRACTED OWNER OPERATORS	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

TOTAL COMPANY REVENUE FOR THE PRIOR CALENDAR YEAR: \$

TOTAL REVENUE GENERATED VIA BACK-HAULING: \$

DO YOU CONTRACT WITH OWNER/OPERATORS? YES NO

DO YOU REQUIRE ALL CONTRACTED OWNER/OPERATORS TO HAVE MEDICAL, ACCIDENT OR HEALTH COVERAGE? YES NO

WHAT PERCENTAGE OF YOUR PRIOR YEAR'S REVENUE WAS GENERATED THROUGH OWNER/OPERATORS? %

HOW DO YOU PAY YOUR DRIVERS? ANNUAL SALARY BY THE LOAD BY THE MILE HOURLY

DO YOU EVER EMPLOY DRIVER TEAMS? YES NO **PERCENTAGE OF LOADS WITH DRIVER TEAMS:** %

IS SEAT BELT USE MANDATORY? YES NO **DO YOU OFFER BONUSSES TO YOUR DRIVERS?** YES NO

IF "YES", EXPLAIN BASIS FOR BONUS PAYMENTS:

AVERAGE TENURE OF YOUR FULL TIME DRIVERS: YEARS **PERCENTAGE OF DRIVER TURNOVER PER YEAR:** %

DO YOUR DRIVERS ASSIST IN THE LOADING OR UNLOADING OF THEIR TRUCKS? YES NO

DO YOUR DRIVERS EVER WORK ON TOP OF THEIR TRAILERS OR TRUCKS FOR ANY REASON? YES NO

DO YOU EVER HIRE SUBCONTRACTORS FOR THE PURPOSE OF LOADING OR UNLOADING? YES NO

DO YOUR DRIVERS EVER PULL DOUBLE OR TRIPLE TRAILERS? YES NO

BENEFIT PLANS OFFERED:	MAJOR MEDICAL PLAN	YES	NO	IF "YES", % OF EMPLOYEES PARTICIPATING:	%
	401K OR RETIREMENT PLAN	<input type="checkbox"/>	<input type="checkbox"/>	IF "YES", % OF EMPLOYEES PARTICIPATING:	<input style="width: 40px;" type="text"/>
	DENTAL PLAN	<input type="checkbox"/>	<input type="checkbox"/>	IF "YES", % OF EMPLOYEES PARTICIPATING:	<input style="width: 40px;" type="text"/>
	EYE / VISION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	IF "YES", % OF EMPLOYEES PARTICIPATING:	<input style="width: 40px;" type="text"/>

PERCENTAGE OF OPERATIONS THAT REQUIRE ROUND TRIPS OF:

% < 50 MILES % 50-100 MILES % 100-200 MILES % 200-300 MILES % 300-500 MILES

% OVER 500 MILES % OVERNIGHT STAYS

DO YOU DELIVER OR PICK UP LOADS AT RAIL TERMINALS OR SEAPORTS? YES NO

PERCENTAGE OF ALL LOADS DELIVERED OR PICKED UP AT RAIL TERMINALS OR SEAPORTS: %

DO YOUR DRIVERS ASSIST IN LOADING OR UNLOADING AT THE RAIL TERMINALS OR SEAPORTS? YES NO

ARE YOUR TRUCKS EQUIPPED WITH GPS DEVICES? YES NO

IDENTIFY ALL COMMODITIES HAULED - CHECK ALL THAT APPLY:

<input type="checkbox"/>	GENERAL FREIGHT	<input type="checkbox"/>	MOTOR VEHICLES	<input type="checkbox"/>	U.S. MAIL	<input type="checkbox"/>	OVERSIZED/OVERWEIGHT LOADS
<input type="checkbox"/>	HOUSEHOLD GOODS	<input type="checkbox"/>	BEVERAGES	<input type="checkbox"/>	MEDICAL WASTE	<input type="checkbox"/>	MOBILE / MODULAR HOMES
<input type="checkbox"/>	LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/>	BULK LIQUIDS	<input type="checkbox"/>	PAPER PRODUCTS	<input type="checkbox"/>	METAL SHEETS, COILS, ROLLS
<input type="checkbox"/>	BUILDING MATERIALS	<input type="checkbox"/>	EXPLOSIVES	<input type="checkbox"/>	GRAIN, FEED OR HAY	<input type="checkbox"/>	STEEL PIPE OR STEEL MEMEBERS
<input type="checkbox"/>	REFRIGERATED/FROZEN FOOD	<input type="checkbox"/>	GASES	<input type="checkbox"/>	LIVESTOCK	<input type="checkbox"/>	AGGREGATE (GRAVEL, STONE, FILL, ETC)
<input type="checkbox"/>	GARBAGE, REFUSE, WASTE	<input type="checkbox"/>	CHEMICALS	<input type="checkbox"/>	OILFIELD EQUIPMENT	<input type="checkbox"/>	MACHINARY / HEAVY EQUIPMENT
<input type="checkbox"/>	MEAT OR PRODUCE	<input type="checkbox"/>	COAL / COKE	<input type="checkbox"/>	HAZARDOUS MATERIAL	<input type="checkbox"/>	INTERMODEL CONTAINERS

IF "GENERAL FREIGHT" IS CHECKED, PROVIDE DESCRIPTION:

IF "HAZARDOUS MATERIALS IS CHECKED, PROVIDE DESCRIPTION:

HIRING PRACTICES:

- DO YOU REQUIRE PRE-EMPLOYMENT PHYSICALS FOR YOUR DIRVERS?
- DO YOU REQUIRE PRE-EMPLOYMENT DRUG TESTING FOR YOUR DRIVERS?
- DO YOU RUN PRE-EMPLOYMENT MVR CHECKS FOR ALL DRIVERS?
- DO YOU RUN ANNUAL MVR CHECKS ON ALL YOUR FULL TIME AND PART TIME DRIVERS?
- DO YOU RUN ANNUAL MVR CHECKS FOR ALL OWNER/OPERATORS?
- DO YOU REQUIRE A DRIVING TEST FOR PROSPECTIVE DRIVERS?

<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"/>	YES	<input type="checkbox"/>	NO

PROGRAMS:

- DO YOU HAVE A FORMAL & WRITTEN SAFETY PROGRAM IN PLACE?
- DO YOU HAVE A FULL TIME SAFETY DIRECTOR?
- IF "YES", SUPPLY NAME:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

- DO YOU OFFER INCENTIVES FOR INJURY-FREE WORK TIME?
- DO YOU OFFER INCENTIVES FOR ACCIDENT-FREE DRIVING TIME?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

- DO YOU HAVE A PROGRAM IN PLACE TO ADDRESS:
 - AT-FAULT MVAs
 - USE OF CELL PHONES
 - TEXTING WHILE DRIVING

<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

IS TRUCK SPEED CONTROLLED BY GOVERNORS?

PROVIDE A COMPLETE DESCRIPTION FOR ALL PROGRAMS IN PLACED AS LISTED ABOVE

DO YOU HAVE A FULL TIME VEHICLE MAINTANENCE DIRECTOR/MANAGER?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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IF "YES", SUPPLY NAME:

DO YOU HAVE A ROUTINE VEHICLE MAINTANENCE PROGRAM IN PLACE?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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DO YOU HAVE A FORMAL LIGHT DUTY / RETURN TO WORK PROGRAM IN PLACE?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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TO BE CONSIDERED FOR WORKERS COMPENSATION INSURANCE, YOU MUST SUPPLY WITH THIS APPLICATION:

- A COMPLETE LIST OF ALL OWNED OR LEASED POWER UNITS, INCLUDING, MAKE, MODEL, YEAR OF MANUFACTURE AND S/N
- A COMPLETE LIST OF ALL OWNED OR LEASED TRAILERS, INCLUDING, MAKE, MODEL, YEAR OF MANUFACTURE AND S/N
- A COMPLETE LIST OF ALL OWNER/OPERATORS HIRED OR CONTRACTED WITH OVER THE LAST 12 MONTHS
- A COMPLETE LIST OF ALL EMPLOYED FULL TIME AND PART TIME DRIVERS, INCLUDING DOB, LICENSE NUMBER AND STATE OF LICENSE

TO BE CONSIDERD, THIS APPLICATION MUST BE SIGNED BY AN OFFICER FO THE APPLICANT COMPANY

APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S TITLE