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## Amazon Transportation Supplemental Application Workers' Compensation

Insured Name: \_\_\_\_\_

Insured Website: \_\_\_\_\_ Year Business Established: \_\_\_\_\_

Insured FEIN: \_\_\_\_\_ DOT or MC/MX Number: \_\_\_\_\_

### I. OPERATIONS

1). Type of Carrier:  Common Carrier  Contact Carrier  Private  Brokerage  Exempt

2). States drivers are contacted out of: \_\_\_\_\_

3). % of Hauls < 50 miles \_\_\_\_\_% > 51-200 miles \_\_\_\_\_% 201-500 miles \_\_\_\_\_ % >500 miles \_\_\_\_\_ %

4). % of Regular Routes \_\_\_\_\_% % of Irregular Routes \_\_\_\_\_ %

5). Are Sleeper Units used?  Yes  No Two Drivers?  Yes  No Number of Driving Teams: \_\_\_\_\_

6). What % of trips involve overnight travel? \_\_\_\_\_ % What % of driving occurs between 12:00am-5:00am \_\_\_\_\_ %

7). Identify the types of trucks and the number used for each:

Oversized: \_\_\_\_\_  Bobtail: \_\_\_\_\_  Single Trailer: \_\_\_\_\_  Double Trailer: \_\_\_\_\_  Vans: \_\_\_\_\_

### II. DRIVER INTERACTIONS WITH FREIGHT

1). Do drivers load or unload freight?  Yes  No % of No-Touch Freight? \_\_\_\_\_ %

2). Loading or Unloading with Material Handling Aids  Yes  No

If "Yes", what %? \_\_\_\_\_%

3). Tarping of Freight?  Yes  No If "Yes":  Manual System for tarping or  Automatic System for tarping

4). Any other types of load securement performed by Drivers: (please provide % for each type, ie. Decking, Straps, etc):

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5). Are Lumpers used:  Yes  No

If "Yes", do Lumpers carry workers' compensation coverage?  Yes  No

6). Are Certificates obtained?  Yes  No

7). Please provide the % breakdown of goods hauled:

**III. DRIVER SELECTION**

**1). Driver Selection Includes:**

- Written Application     Written Test     Road Test     Interview
- Pre-Hire Physicals     Reference Checks     Drug Testing     MVR Checks

2). Turnover rate: \_\_\_\_\_%    Minimum years of experience for new drivers \_\_\_\_\_

3). Total number of employee drivers: \_\_\_\_\_ How are drivers paid? \_\_\_\_\_

4) What % of payroll is based on overtime or double-shift work? \_\_\_\_\_ %

5). Number of W2 forms issued in previous calendar year: \_\_\_\_\_ Number of 1099's issued: \_\_\_\_\_

6). Number of drivers under 25 years old: \_\_\_\_\_ Number of drivers over 65 years old: \_\_\_\_\_

7). Are more than 10% of the drivers Independent Contractors?     Yes     No

8). Number of Owner/Operators that "Own" the truck they operate: \_\_\_\_\_

9). Owner/Operators are paid on the basis of:     Miles     Trip     Load     Hour  
 Other: \_\_\_\_\_

10). Are Owner/Operators included in the insured's workers' compensation policy?     Yes     No  
 If "No", are certificates obtained?     Yes     No

**11). Driving Violations:**

- Suspended or Revoked Licenses?     Yes     No
- Major Violations\*\* in the Past 5 Years?     Yes     No
- 3+ Moving Violations in the Last 12 Months?     Yes     No
- 4+ Moving Violations in the last 12 Months?     Yes     No

\*\*Major violations are defined as:

DWI, DUI or Open Bottle Violation	Driving while license is suspended or revoked	Negligent Homicide
All drug or alcohol related Offenses	Reckless/Careless driving or endangerment	Speeding 20+ over the speed limit
Speeding in a Work zone	Leaving a Scene of an Accident/or hit & Run	Unlawful use of Vehicle
Speed contest or racing	Speeding in a School Zone	Any felony violations

**IV. SAFETY**

1). Is there a formal Driver Training & Safety Program?     Yes     No  
 If "Yes", please attach a copy of the Table of Contents from the program

2). Are Driver Safety Meetings conducted?  Yes  No

If "Yes", the frequencies of the meetings: \_\_\_\_\_

3). Is there a Call-In System?  Yes  No      Are tractors equipped with speed and trip recorders?  Yes  No

4). Satellite Tracking System (GPS)?  Yes  No

If "Yes", what % of vehicles are equipped with the tracking devices and are utilized: \_\_\_\_\_%

5). Are long haul drivers required to receive a medical exam every 2 years?  Yes  No  N/A

6). Is there a driver's inspection log for pre-trip and post-trip inspections?  Yes  No

## V. ADDITIONAL DETAILS

1). Is the applicant a designated Amazon Delivery Service Provider (DSP)?  Yes  No

2). What is the % of delivery services provided for Amazon? \_\_\_\_\_%

3). Did the applicant complete the Amazon DSP training program?  Yes  No

4). Are all delivery vehicles leased through the Amazon DSP program?  Yes  No

5). Is a pre-employment background check conducted for all drivers, including MVR check and drug screening?  Yes  No

6). Is a comprehensive new driver training program in place, including safe driving habits, efficient route management and safe lifting techniques?  Yes  No

7). Is there a comprehensive accident review process, including an accident report and post-accident drug screening?  Yes  No

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**Name of Person Signing (please type or print)**

**Signature**

**Date**