



## 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  Contract 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 Hazardous Materials Hauled?  Yes  No

If "Yes", the % of total loads: \_\_\_\_\_ % % categorized as HazMat \_\_\_\_\_ %

6). What hazardous materials are being hauled? Please provide specifics, if needed use a separate page:

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

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

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

Flatbed: \_\_\_\_\_  Oversized: \_\_\_\_\_  Bobtail: \_\_\_\_\_  Dump: \_\_\_\_\_  Single Trailer: \_\_\_\_\_

Tanker: \_\_\_\_\_  Double Trailer: \_\_\_\_\_  Other: (please explain): \_\_\_\_\_

### I. 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):

- 5). Are Lumpers used:  Yes  No  
 If "Yes", do Lumpers carry workers' compensation coverage?  Yes  No
- 6). Are Certificates obtained?  Yes  No
- 7). What does the insured haul? Please provide the % breakdown:

### 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 vehicles 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

\_\_\_\_\_  
**Name of Agent (please type or print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Person Signing for Insured (please type or print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**