
Parcel Delivery 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/FedEx Delivery Service Provider (DSP)? Yes No
- 2). What is the % of delivery services provided for Amazon DSP/FedEx? _____%
- 3). Did the applicant complete the Amazon DSP/FedEx training program? Yes No
- 4). Are all delivery vehicles leased through the Amazon DSP/FedEx 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

Name of Agent (please type or print)

Signature

Date

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

Signature

Date