

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 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 Person Signing (please type or print)

Signature

Date