

## 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  Contract Carrier  Private  Brokerage  Exempt

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

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

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

Single Trailer: \_\_\_\_\_  Box Trucks: \_\_\_\_\_  Step Vans: \_\_\_\_\_

5). Describe owner experience/history with Amazon/FedEx:: \_\_\_\_\_

### II. DRIVER INTERACTIONS WITH FREIGHT

1). Do drivers load or unload freight?  Yes  No

2). Loading or Unloading with Material Handling Aids/Dollies  Yes  No  
If "Yes", what %? \_\_\_\_\_%

3). 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). Do you have a Return to Work Program?  Yes  No Are vans 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 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**