www.pmcinsurance.com
pmc-info@one80.com
(877) PMC-COMP

Parcel Delivery Supplemental Application
Workers' Compensation

Insured Name: _____ Insured Website: _____

Insured FEIN: _____ Year Business Established: _____ 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). Please identify the types of trucks and the number used for each (check all that apply):

Single Trailer: _____ Box Trucks: _____ Step Vans: _____

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

_____

II. DRIVER INTERACTIONS WITH FREIGHT

1). Do drivers unload freight? ◯ Yes ◯ No

2). Is loading or unloading conducted with material handling aids / dollies? ◯ Yes ◯ No

If "Yes", what is the percentage? _____ %

3). Please provide the percentage breakdown of goods hauled: _____ %

4). Do drivers perform any deliveries on Bicycle or E-Bike? ◯ Yes ◯ No

III. DRIVER SELECTION

1) Driver selection includes:

☐ Written Application ☐ Written Test ☐ Road Test ☐ Interview ☐ Pre-Hire Physicals

☐ Pre-Hire Physicals ☐ Reference Checks ☐ Drug Testing ☐ MVR Checks

2). Turnover rate _____% What is the minimum years of experience for new drivers? _____

3). Total # 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 the previous calendar year: _____ Numbers of 1099's issued: _____

6). Number of drivers < 25 years old: _____ Number of drivers > 60 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 (please explain): _____

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 license? ◯ Yes ◯ No

3+ moving violations in the last 12 months? ◯ Yes ◯ No

4+ moving violations in the last 12 months? ◯ Yes ◯ No

Major violations in the past 5 years?** ◯ Yes ◯ No

Major violations 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", what is the frequency 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

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

7). How often are Driver MVR's reviewed? _____

Name of Agent (please type or print)	**Signature**	**Date**

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