



Truckers Supplemental Application

Applicant Name: _____ Fed Emp ID Number: _____

Address: _____

Named Insured Contact / Title: _____

Contact Phone – Work: _____

Contact Phone – Mobile: _____

Filings: DOT # _____ PUC # _____ DMV/MCP# _____

DESCRIPTION OF OPERATIONS

1. Describe any operations other than trucking: _____

2. Specify Type of trucking operation: For Hire Private Other (explain) _____

3. Length of Haul with Total = 100% Under 50 miles _____% 50-200 _____% 201-300 _____% Over 301 _____%

4. Routes: _____% Regular _____% Irregular Are units mandated to follow approved routes? Yes No

5. Commodities Hauled

Coal - Unprocessed _____%	Dirt _____%	Garbage, Refuse / Trash _____%
Coal - Processed _____%	Asphalt _____%	Metal Sheets, Coils, Rolls _____%
Sand _____%	Water – Fresh _____%	Salt _____%
Gravel _____%	Water - Brine _____%	Machinery, Large Objects _____%

Other: _____

Does applicant haul hazardous materials? Yes No If yes, what? _____

6. Total Number of Power Units (indicate Number of each Type): # Tractors Equipped with Sleeper (if any):

Tractor - Conventional _____	Straight Trucks _____	Wreckers _____
Tractor - Cabover _____	Dump Trucks _____	Other: _____

7. Number and type of trailers (or type of bed for Straight Trucks):

Dump Trailer - End _____	Tankers (bottom load) _____	Open Top Van (chip) _____
Dump Trailer - Bottom _____	Tankers (top load) _____	Pole _____
Tankers (with baffles) _____	Flatbeds _____	Logging _____
Tankers (no baffles) _____	Lowboys _____	Grain _____
Frameless Dump _____	Live Bottom _____	Other: _____

8. Are any units garaged at drivers residence? Yes No If yes, can drivers be dispatched from residence? Yes No

9. Loads hauled under contract: _____% Loads via spot hauling: _____%

For loads under contract, list top five customers and % of each:

Customer 1: _____	_____%
Customer 2: _____	_____%
Customer 3: _____	_____%
Customer 4: _____	_____%
Customer 5: _____	_____%

Do any contracts require a Waiver of Subrogation? Yes No If yes, how many? _____

All written contracts requiring WOS must be submitted for review and approval.

WORKER DOMICILE AND BASIS OF PAY

Basis of Pay (# of Employees)					States (# of Employees per State)				
Position	Mileage	Hourly	Load	Other	State: _____	State: _____	State: _____	State: _____	
Company Drivers									
Owner Operators									
Mechanics									
Clerical									
Warehouse									
Other:									
Number of 1099 forms issued for previous calendar year:					Number of W2 forms issued for previous calendar year:				

HIRING PRACTICES – EMPLOYEE SELECTION

<u>HIRING PRACTICE QUESTIONS</u>	<u>Yes</u>	<u>No</u>	<u>OTHER RELATED QUESTIONS</u>	<u>Details</u>
Written Applications	<input type="checkbox"/>	<input type="checkbox"/>	How many drivers were hired in the last 12 months?	
Reference checks	<input type="checkbox"/>	<input type="checkbox"/>	What is the estimated driver turnover?	
Pre employment physicals	<input type="checkbox"/>	<input type="checkbox"/>	Estimated plan for growth of drivers over next year?	
Are personnel files documenting pre-existing injuries?	<input type="checkbox"/>	<input type="checkbox"/>	What percentage of drivers load or unload vehicles?	
Pre-hire drug testing?	<input type="checkbox"/>	<input type="checkbox"/>	If drivers load or unload % manually?	
Post accident drug testing?	<input type="checkbox"/>	<input type="checkbox"/>	If drivers load or unload % done mechanically?	
MVR checks?	<input type="checkbox"/>	<input type="checkbox"/>	What % of drivers tarp their loads?	
Do you have a formal written accident report?	<input type="checkbox"/>	<input type="checkbox"/>	What % is manual tarping?	
Are there procedures for reporting injuries?	<input type="checkbox"/>	<input type="checkbox"/>	What % is mechanical tarping?	
Driving tests required?	<input type="checkbox"/>	<input type="checkbox"/>	Are vehicle tracking devices used?	
Formal interviews required?	<input type="checkbox"/>	<input type="checkbox"/>	Any leased employees? If yes, list firm:	
Formal driver safety training / orientation program?	<input type="checkbox"/>	<input type="checkbox"/>	Any loading / unloading on a waterfront?	
Does any driver have a combination of 3 or more moving violations or at fault accidents in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	Minimum years experience of new driver permitted?	

OWNER OPERATOR SECTION (Complete if applicable and submit copy of the O/O lease agreement)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
How many Owner Operators (O/O) do you use?			Do O/O carry own WC coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Do all O/O sign a written contract which specifies their relationship with applicant to be that of an independent contactor?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is a copy of the certificate of insurance received and maintained on file?	<input type="checkbox"/>	<input type="checkbox"/>
Is O/O compensation included in the estimated annual payroll for premium calculation?	<input type="checkbox"/>	<input type="checkbox"/>	Are O/O excluded from carrier contributions from: a. Unemployment compensation b. Company pension or welfare plans	<input type="checkbox"/>	<input type="checkbox"/>
Are O/O free to solicit business from other companies?	<input type="checkbox"/>	<input type="checkbox"/>	Do O/O keep their own records?	<input type="checkbox"/>	<input type="checkbox"/>
Are O/O free to substitute one driver for another?	<input type="checkbox"/>	<input type="checkbox"/>	Do the O/O pay for the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Are O/O free to reject assignments?	<input type="checkbox"/>	<input type="checkbox"/>	Do the O/O own the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Does the O/O pay for all repairs to the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Do O/O perform tasks different than regular ees?	<input type="checkbox"/>	<input type="checkbox"/>
Does the O/O pay for liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Comments – see below:		

VEHICLE MAINTENANCE

Describe the age and condition of vehicles:			
Describe maintenance schedules performed on equipment:			
<u>Maintenance Questions</u>	<u>Yes</u>	<u>No</u>	<u>Details</u>
Do you service your own equipment?	<input type="checkbox"/>	<input type="checkbox"/>	If no, list who does service:
Operate a full service repair shop?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the shop at a separate location?	<input type="checkbox"/>	<input type="checkbox"/>	
Does shop have state inspection license?	<input type="checkbox"/>	<input type="checkbox"/>	Do you inspect own units?
Do you perform service/repair for third parties?	<input type="checkbox"/>	<input type="checkbox"/>	List services and %:

SAFETY PROGRAM

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Do you have a formal written safety program?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, is the training formal/documented?	<input type="checkbox"/>	<input type="checkbox"/>
Are owner(s) active in daily operation?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Risk Manager?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they excluded from WC coverage?	<input type="checkbox"/>	<input type="checkbox"/>	Have loss control services been provided in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
Active illness and injury prevention program in place?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any outstanding OSHA/MSHA citations?	<input type="checkbox"/>	<input type="checkbox"/>
Active safety incentive program?	<input type="checkbox"/>	<input type="checkbox"/>	Are safety meetings conducted? If yes, how often:	<input type="checkbox"/>	<input type="checkbox"/>
Is seatbelt policy strictly enforced?	<input type="checkbox"/>	<input type="checkbox"/>	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/>		
Is hand held phone use prohibited & strictly enforced?	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS:

APPLICATION MUST BE SIGNED BY APPLICANT AT END OF FOLLOWING PAGE.

FRAUD STATEMENTS

PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

All Other States: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND ARE SUBJECT TO THE FRAUD STATEMENTS FOUND ABOVE.

Applicant Name – Please Print

Applicant Signature

(must be Officer, Owner, or Partner)

Date