

Supplemental Application for Trucking Exposure

Insured: _____

Effective date: _____

FEIN: _____

Web site: _____

Contact Name and Phone Number

Inspections: _____ (____) - _____
 Premium Audit: _____ (____) - _____
 Claims: _____ (____) - _____

Garage State: _____

	# Full Time	# Part Time	# Owner Operators
# Drivers			
Total Payroll			

Radius of Operations

- Up to 100 Miles
- 101 to 200 Miles
- 201 to 500 Miles
- Over 500 Miles

Drivers % Total

Type of Unit Operated

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Flatbed | <input type="checkbox"/> Tandem |
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Box |
| <input type="checkbox"/> Bottom Dump | <input type="checkbox"/> Container |
| <input type="checkbox"/> Tanker | <input type="checkbox"/> Other _____ |

Explain

- Do all drivers have 3 or more years of commercial driving experience?** Yes No _____
- Any "Major Violations" in the past 3 years?** Yes No _____
- Does any driver have a suspended or revoked license?** Yes No _____
- Any drivers have 3 or more moving violations in the last 3 years?** Yes No _____
- Are Owner/Operators, who DO NOT have their own WC Coverage, hired?** Yes No _____
- Any hauling of explosives, ammunition or hazardous waste?** Yes No _____
- Any manual loading or unloading?** Yes No _____
- Who is conducting?** Employee Driver/Helper Other
- How performed?** Crane Forklift Hydraulic Lift Manually
- Any cargo tie-downs?** Yes No _____
- Any warehouse transfer facilities?** Yes No _____
- Formal MVR check in place? Frequency?** Yes No _____
- Documented vehicle maintenance program?** Yes No _____
- Formal implemented safety program?** Yes No _____
- Accident investigation program in place?** Yes No _____
- Any employees under 25 or over 70 years of age?** Yes No _____

Cargo

- | | | |
|---------|-----------------|---------------------|
| • _____ | % Receipt _____ | % Load/Unload _____ |
| • _____ | % Receipt _____ | % Load/Unload _____ |
| • _____ | % Receipt _____ | % Load/Unload _____ |

Risk Management

- Hiring and Screening Practices: _____
 References Checked: Yes No Pre-employment physicals: Yes No Drug Testing: Yes No
- Formal Return to Work Program: Yes No Examples of modified duty: _____
- Loss Control Incentive Plan: Yes No Details of Plan: _____
- Employee Benefits: _____

Historical Payrolls

Expiring _____ 1st Prior _____ 2nd Prior _____ 3rd Prior _____ 4th Prior _____

Marketing

Controlled account Yes No Expiring Premium _____ Target Premium _____