

Description of Operations, Hiring, Employment & Safety Characteristics																																							
Applicant Name _____ FEIN _____	Proposed Effective Date _____ Company Website _____																																						
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Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 5px;">Hiring Practices Check Yes ONLY if Applicable to 75%+ of Labor</th> </tr> </thead> <tbody> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Written Application</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Written Job Description</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Background/Reference Check</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Pre-Hire Drug Testing</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Pre-Hire Physical Fitness Test</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">MVR Check</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Interview</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Road Test</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">FMCSA Pre-Employment Screen</td></tr> </tbody> </table>	Hiring Practices Check Yes ONLY if Applicable to 75%+ of Labor		<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	Background/Reference Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	Road Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMCSA Pre-Employment Screen	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 5px;">Safety Practices Check Yes ONLY if Applicable to 75%+ of Labor</th> </tr> </thead> <tbody> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Formal Injury & Illness Prevent. Plan</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Formal Return to Work Plan</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Quarterly (or More) Safety Meetings</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Quarterly (or More) Safety Training</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Safety Incentive Plan</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Clean Roadside Inspection Incentive</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">Electronic Logbooks</td></tr> <tr><td style="padding: 2px 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="padding: 2px 5px;">GPS Devices (Installed & Used)</td></tr> </tbody> </table>	Safety Practices Check Yes ONLY if Applicable to 75%+ of Labor		<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness Prevent. Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or More) Safety Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Roadside Inspection Incentive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic Logbooks	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPS Devices (Installed & Used)
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Management Practices, Loss Control, Claims Handling & Benefits																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the ownership active in the day-to-day operations of the company?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a full-time risk/safety manager employed whose job is 50%+ safety related?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal and random drug testing program for all employees?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal post-accident drug testing program for all workplace injuries?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon termination are personnel files documented for any potential workplace injuries?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health through you that is 50%+ employer paid?																																						
<input type="checkbox"/> Yes <input type="checkbox"/> No	More than 25% turnover of all drivers since last year?																																						
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Details / Descriptions / Notes																																							

Physical Address of Each Terminal (List Others On Blank Paper if Additional Locations)				
Address	City	State	Zip	# Trucks Garaged

General Information	
Answer	Question
	Number of Years in Business
	Number of Years with Workers Compensation Insurance
If Buying Workers Compensation Insurance for the First Time; Why?	
Answer	Question
[] Yes [] No	Does applicant own/operate any other businesses?
[] Yes [] No	Do drivers pull any double or triple trailers?
[] Yes [] No	Can drivers be dispatched from their home residence?
Describe All "Yes" Answers from Above	

Miscellaneous Information (Section Does Not Need to Total to 100%)	
Answer	Question
	% Percent of Loads Hauled by Driving Teams
	% Percent of Trips that are Regular Routes
	% Percent of Trips that Involve Overnight Travel
	% Percent of Miles Driven Between 10 PM and 6 AM
	% Percent of Less-than-Truckload (LTL) Hauls

Revenue by Driver Type (Must Total to 100%) [Explain Other* Answers in Blank Section at Bottom]

Revenue	Driver Type
%	Employee of ANY Named Insured (Full Time, Part Time, Seasonal, Etc.)
%	Subcontractor of ANY Named Insured that DOES NOT have Workers Compensation Insurance
%	Subcontractor of ANY Named Insured that DOES have Workers Compensation Insurance
%	Other*

Describe All Other* Answers from Above

Driver Counts (Head-Count) [Only Drivers, Not Other Employees]

Type	# FT	# PT	Per Diem	Avg. Wage	Paid Via
Employee					[] Hourly [] Salary [] Mile
Owner Operator (No W/C Ins)					[] Hourly [] Salary [] Mile
Fleet Operator (No W/C Ins)					[] Hourly [] Salary [] Mile
Subcontractor (No W/C Ins)					[] Hourly [] Salary [] Mile
Subcontractor (With W/C Ins)					[] Hourly [] Salary [] Mile
Other*					[] Hourly [] Salary [] Mile

Fleet operators are drivers of trucks owned by an owner operator, but are not owner operators themselves.

Describe All Other* Answers from Above

Other Employee Counts [Not Drivers] (No Need to List Other Clerical/Sales Employees)

Type	# FT	# PT	# Other	Avg. Wage	Paid Via
Mechanics / Yard Employees					[] Hourly [] Salary
Dispatcher					[] Hourly [] Salary
Other*					[] Hourly [] Salary

Describe All Other* Answers from Above

Freight Interaction (Must Total to 100%) [Explain Other* Answers in Blank Section at Bottom]

% of All Hauls	Interaction with Freight
%	Drivers Load/Unload by Hand
%	Drivers Load/Unload with Manual Pallet Jacks
%	Drivers Load/Unload with Electric Pallet Jacks / Forklifts
%	Drivers Tailgate Freight
%	Drivers Load/Unload Tanker Trailers (via Loading Rack)
%	Drivers Load/Unload Tanker Trailers (via Trailer Ladder)
%	Drivers Tarp Loads Manually (without Mechanical Tarping System)
%	Drivers Tarp Loads Automatically (with Automatic Tarping System)
%	Drivers Strap/Chain Loads on Flatbed / Drop-Deck / Step-Deck Trailers
%	Drivers Perform Decking / Blanket-Wrapping / Etc.
%	Other*

Describe All Other* Answers from Above

Maintenance Exposures (Check All That Apply)

Answer	Work Type
[] Yes [] No	No Employee Mechanics (All Truck/Trailer Service/Repair Subcontracted to Others)
[] Yes [] No	One or More Employees Perform Preventative Maintenance (e.g., brakes, oil, grease, etc.) ONLY
[] Yes [] No	One or More Employees Mount and/or Repair/Retread Tires
[] Yes [] No	One or More Employees Perform MOST non-warranty service/repair work
[] Yes [] No	One or More Employees Perform Work on a For-Hire Basis for Non-Owned Equipment
[] Yes [] No	One or More Employees Perform ANY tank entry
[] Yes [] No	Other*

Describe All Other* Answers from Above

Haul Information (Each Section Must Total to 100%) [Explain Other* Answers in Blank Section at Bottom]

Top Commodities Hauled (Describe Top 7 with % of Totals)		Radius of Ops (in Miles)	
%		%	< 50
%		%	51 - 200
%		%	201 - 300
%		%	301 - 500
%		%	501 - 750
%		%	751 - 1,000
%	Other*	%	>= 1,000

Describe All Other* Answers from Above

Equipment Information (Each Section Must Total to 100%) [Explain Other* Answers in Blank Section at Bottom]

Answer	Question
	Number of Tractors (Owned/Leased)
	Number of Trailers (Owned/Leased)

Tractor Type		Trailer Type (Common)		Trailer Type (Other)	
%	Cabover	%	Dry Box / Van	%	Auto-Transporter
%	Concrete Mixer	%	Drop-Deck/Step-Deck	%	Compressed Gas
%	Conventional	%	Dump / Pneumatic Dump	%	Curtain-Side
%	Dump Truck	%	Flatbed	%	Dry Bulk
%	Garbage Truck	%	Intermodal Container	%	Hopper Bottom
%	Straight/Box Truck	%	Liquid Tanker	%	Livestock
%	Wrecker	%	Reefer	%	Logging Trailer
%	Other*	%	Open-Top Van (Chip)	%	Walking Floor
				%	Other*

Describe All Other* Answers from Above

Hazardous Materials Hauling				
Class		Chemical Type	% of Hauls	Personal Protective Equipment
1	Explosive			
2	Gases			
3	Flammable / Combustible Liquid			
4	Flammable / Combustible Solid			
5	Oxidizing Substances / Organic Peroxides			
6	Poisons / Toxins / Infectious Substances			
7	Radioactive			
8	Corrosive			
Describe All Answers from Above				

Signature & Affirmation	
<p>By signing this application the client is acknowledging that all information provided on all pages of this supplemental application are complete and accurate representations of work and processes as of the date this application is signed. Additionally, by requesting insurance products through our company you and the client agree to notify us immediately regarding any change in operations that would result in a change in any of the answers provided on this application. All information is subject to verification. Any insurance policy issued may be cancelled, subject to applicable local law, for misrepresentation if the information provided here is not accurate.</p>	
<hr/> Signature of Applicant	<hr/> Date Signed
<hr/> Signature of Agent	<hr/> Date Signed