# Transportation 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 ☐ Contact Carrier ☐ Private ☐ Brokerage ☐ Exempt

2). States drivers are contacted out of: _____

3). % of Hauls < 50 miles_____% > 51-200 miles _____% 201-500 miles _____ % >500 miles _____ %

4). % of Regular Routes _____% % of Irregular Routes _____ %

5). Are Hazardous Materials Hauled? ☐ Yes ☐ No
If "Yes", the % of total loads: _____ % % categorized as HazMat _____ %

6). What hazardous materials are being hauled? Please provide specifics, if needed use a separate page:

_____

7). Are Sleeper Units used? ☐ Yes ☐ No Two Drivers? ☐ Yes ☐ No Number of Driving Teams: _____

8). What % of trips involve overnight travel?_____ % What % of driving occurs between 12:00am-5:00am_____ %

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

☐ Flatbed: _____ ☐ Oversized: _____ ☐ Bobtail: _____ ☐ Dump: _____ ☐ Single Trailer: _____

☐ Tanker: _____ ☐Double Trailer: _____ ☐ Other: (please explain): _____

## I. DRIVER INTERACTIONS WITH FREIGHT

1). Do drivers load or unload freight? ☐ Yes ☐ No % of No-Touch Freight? _____ %

2). Loading or Unloading with Material Handling Aids ☐ Yes ☐ No
If "Yes", what %? _____%

3). Tarping of Freight? ☐ Yes ☐ No If "Yes": ☐ Manual System for tarping or ☐ Automatic System for tarping

4) Any other types of load securement performed by Drivers: *(please provide % for each type, ie. Decking, Straps, etc)*:

_____

5). Are Lumpers used: ☐ Yes ☐ No

If "Yes", do Lumpers carry workers' compensation coverage? ☐ Yes ☐ No

6). Are Certificates obtained? ☐ Yes ☐ No

7). What does the insured haul? Please provide the % breakdown:

## 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). Is there a Call-In System? ☐ Yes ☐ No Are vehicles 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 long haul 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

| **Name of Person Signing (please type or print)** | **Signature** | **Date** |
|---|---|---|