



Workers Compensation Truckers Supplemental Application

Applicant Name: _____	Policy Eff Date: _____
Physical Address: _____	FEIN: _____
_____	Telephone: _____
Additional Locations: _____	Website: _____
_____	US DOT#: _____
_____	_____

Type of Authority

_____ Common Carrier	_____ Contract Carrier	_____ Other	Description _____
_____ Regular Route	_____ Irregular Route		

Driver Operations

Number of vehicles operating on daily basis _____	Number of drivers per vehicle: _____	Minimum age required for drivers _____
Avg tenure of full time drivers _____ (years)		Percentage of Driver turnover per year _____
Do drivers assist in loading/unloading of their trucks? _____		
If yes, do drivers tarp, chain or secure loads? _____		
If yes, are drivers required to climb on trailers? _____		

Commodities Hauled - check all that apply

_____ General Freight	_____ Motor Vehicles	_____ US Mail	_____ Oversized/Overweight Loads
_____ Household Goods	_____ Beverages	_____ Medical Waste	_____ Mobile/Modular Homes
_____ Logs, Poles, Beams, Lumber	_____ Bulk Liquids	_____ Paper Products	_____ Metal sheets, coils, rolls
_____ Building Materials	_____ Explosives	_____ Grain, Feed, Hay	_____ Steel Pipe or Steel Members
_____ Refrigerated/Frozen Foods	_____ Gases	_____ Livestock	_____ Aggregate (gravel, stone, fill, sand, etc.)
_____ Garbage, Refuse, Waste	_____ Chemicals	_____ Oilfield Equipment	_____ Machinery/Heavy Equipment
_____ Meat or Produce	_____ Coal/Coke	_____ Hazardous Material	_____ Intermodal Containers
_____ Other _____			

If 'General Freight' is checked, provide description: _____

If 'Hazardous Materials' is checked, provide description: _____

Employees

<u>Total # of Employees</u>	<u>F/T</u>	<u>Approx. Total Payroll</u>	<u>P/T</u>	<u>Approx. Total Payroll</u>
Drivers	_____	_____	_____	_____
Non-Driver (sales, supervisors, etc.)	_____	_____	_____	_____
Warehouse/Material Handling	_____	_____	_____	_____
Mechanics	_____	_____	_____	_____
Office Clerical (incl dispatchers)	_____	_____	_____	_____
Contracted Owner Operators	_____	_____	_____	_____

Does the insured perform any back hauling? _____

Do you contract with Owner Operators? _____ If yes, please provide copy of contract

Does the insured require and maintain completed DWC Form-82 for all contracted drivers? **(TX specific)** _____

Number of trucks not owned by operating on your behalf: _____ (#)

Is the payroll for the owner/operators included on the Acord Application? _____

Does risk provide Commercial Auto coverage for the owner/operator units? _____

Radius of Operations percentage:	_____ %	< 50 miles	_____ %	50-100 miles
	_____ %	100-200 miles	_____ %	200-300 miles
	_____ %	300-500 miles	_____ %	over 500 miles

For radius over 300 miles, specify principle destinations: _____

IFTA Form for last quarter may be required by Underwriter

Other Exposures

Trucks with folding booms?	_____
Own or operate a landfill?	_____
Crane or towing services?	_____
Sand/Gravel/Dirt Pit Operations?	_____
Any loading or unloading of railcars?	_____
Use Forklifts?	_____
If yes, operators are certified?	_____
Set up, assembly or installation work?	_____

Safety Programs

Driver Safety Program in effect?	_____
Does the applicant have a Safety Director?	_____ FT/PT
Does the applicant have an established vehicle maintenance program?	_____
Does the insured have Alcohol/Drug Policy in place?	_____
Does the insured have a Seat Belt Use policy?	_____
Does the insured have a Distracted Driving / Cell Phone policy?	_____
Are trucks fitted with GPS tracking?	_____
Are trucks fitted with in-cab monitoring devices?	_____

Applicant Signature

Agent Signature