

Insured: \_\_\_\_\_

## TRUCKERS WORKERS' COMPENSATION SUPPLEMENTAL

### 1. General Information

Can drivers be dispatched from their residence?  Yes  No      Any deliveries to Mexico?  Yes  No

Radius of Operation(in miles):  
 Under 50      %    51 – 200      %    201 – 500      %    501 – 1,000      %    Over 1,000      %

What is the estimated annual mileage for all trucking operations?  
 Describe primary routes of travel – from what city to what city?

Is insured involved in any LTL (less than truckload) operations?  Yes  No  
 If yes, % of operation:      %

For whom does the insured primarily haul?  
 Percentage of operation that is regular route:      %

What percentage of the insured's operation is hauling brokered loads?      %

Are any businesses other than trucking owned or operated by applicant?  Yes  No  
 If yes, please describe:

Does the insured require a blanket waiver of subrogation?  Yes  No

\* Please provide a current equipment list including descriptions of vehicles and trailers \*

### 2. Commodities

Percentage of Each Commodity Hauled by the Insured							
Dry Van FAK	%	Logs, Poles, Beams, Lumber	%	Liquids/Gases	%	Grain, Feed	%
Household Goods	%	Building Materials	%	Intermodal Containers	%	Coal, Coke	%
Dry Bulk (lime, dry cement, potash, etc.)	%	Metal Sheets, Coils, Rolls	%	Mobile Homes	%	Hay	%
Meat	%	Refrigerated Food	%	Motor Vehicles	%	Machinery, Large Objects	%
Oilfield Equipment	%	Garbage, Refuse, Trash	%	Beverages	%	Wood Chips, Hog Fuel	%
Fresh Produce	%	Livestock	%	US Mail, Parcels	%	Paper Products	%
Driveaway	%	Dirt, Rock, Sand, Gravel	%	Other (describe)	%		%

Does the applicant haul hazardous materials?  Yes  No  
 If yes, percentage of freight classified as hazmat:      %

If yes, please list commodities below:  
 Bulk Hazmat:  
 Packaged Hazmat:

### 3. General Employees

How many people are employed by the applicant in each of the following areas?

Truck Driver	Mechanic/Maintenance	Lumpers
Dispatch	Office/Clerical	Other
Warehouseman	Seasonal/Part-time	Other

Do employees use personal vehicles for company business?  Yes  No  
 Are personnel files documented for pre-existing injuries?  Yes  No

Define the employee benefits offered:  
 Medical     Dental     401(k)     Paid Vacation     Employee Wellness Program     Other

Does the Employee Wellness Program include annual physicals and personal health consultations  Yes  No  N/A

#### 4. Drivers

\* Please provide a current driver's list that includes DOB and DOH \*

What is the minimum age of driver allowed? \_\_\_\_\_ Maximum? \_\_\_\_\_

Minimum years of experience for new drivers: \_\_\_\_\_

Does the insured use any union drivers?  Yes  No If yes what %? \_\_\_\_\_ %

Do driver selection procedures include the following (please check all that apply)?

- Written Application  Written Test  Driving Test  Physical Exam Prior to Hire  
 Interview  Drug Test  MVR Check  Reference Checks

How are drivers compensated?

- Hourly  Per Trip  Per Mile  % of Load  Other

Do you have any employees with USL&H/Jones Act exposure?  Yes  No

What is the average weekly pay of the drivers? \_\_\_\_\_

Do any mechanics or clerical employees drive a truck?  Yes  No

Are drivers required to wear non-skid shoes?  Yes  No

#### 5. Sub-Contract Haulers

Does the insured use sub-contracted or leased haulers?  Yes  No

If yes, what percentage of the insured's revenue is generated by sub-contract haulers? \_\_\_\_\_ %

Are they hauling under their own CA DMV authority?  Yes  No

Are they hauling under their own FHWA authority?  Yes  No  N/A

Are they providing their own workers compensation coverage?  Yes  No

Are sub-contractors required to display the insured's name on their truck?  Yes  No

Do sub-contractors lease any equipment, including trailers, from the insured?  Yes  No

Does the insured withhold and pay from the sub-hauler, e.g. payroll taxes, ins. premium?  Yes  No

- Please attach the following:
- A copy of the insured's sub-haul contract
  - Copies of certificates of insurance for all sub-contract haulers
  - A copy of the bill of lading used by the insured's sub-contractors

#### 6. Driver Interaction with Freight

Is the insured involved in any load securement, tarping or loading & unloading operations?  Yes  No

If yes, please provide the percentage of their operation that is:

Loading/Unloading w/manual pallet jack/hand truck	%	Tarping freight (w/o mechanical tarping system)	%
Loading/Unloading with powered pallet jack/forklift	%	Load securement using load-locks, bars or straps	%
Loading/Unloading without material handling aids	%	Load securement using chains and/or blocks	%
Decking or blanket wrapping	%	Other	%

In order to load/unload vehicles, are drivers regularly required to use ladders to ascend trailers, platforms, etc.?  Yes  No

If yes, what is the maximum height at which employees will work? \_\_\_\_\_

What is used:  Ladder  Scaffolding  Scissor lift  Other

Describe the driver's interaction with the cargo: \_\_\_\_\_

#### 7. Maintenance Operations

Truck/Trailer Service & Repair (check all that apply):

- No employee mechanics – all maintenance work performed by outside service  Employees perform preventive maintenance only – brakes, lights, oil, grease, etc.  
 Employees perform service work that involves tank entry  Employees perform major engine and body repair

Does applicant perform any repair work on other than company owned equipment?  Yes  No

If yes, what percentage of their shop operation are repairs for others? \_\_\_\_\_ %

Please describe the type of work performed: \_\_\_\_\_

## 8. Safety/Safety Management

- Does applicant have a full time safety director?  Yes  No  
 If yes, is the position  full-time, or  an additional responsibility of another employee?
- Does the insured have a program for the training of drivers in the properties of their cargo and emergency procedures?  
 Yes  No If yes, is the training:  Formal/Documented  Informal
- Please describe:
- Does the insured have a formal program for training in material handling, loading & unloading and equipment handling?  Yes  No
- Are there any physical fitness requirements for drivers?  Yes  No  
 If yes, please describe:
- Are any employees required to do any lifting as part of their regular duties?  
 If so, how much do they have to be able to lift?  <25 lbs.  26-50 lbs.  Over 50 lbs.
- Are MSDS (Material Safety Data Sheets) available for all chemicals and products used?  Yes  No
- What procedures are in place for handling emergency medical situations that occur at the workplace?
- How frequently are driver safety meetings conducted?  
 Monthly  Quarterly  Semi-Annually  Annually  Other
- Is attendance at safety meetings mandatory?  Yes  No
- Which of the following safety equipment is included on the insured's trucks:  
 Fire Extinguishers  Flares  GPS  Road Hazard Cones  Speed Governors
- Does the insured have a driver safety incentive program?  Yes  No  
 If yes, please describe:

## 9. Relatives Residing in Your Household Who Are Employees

**This section must be complete by all applicants who are individuals, sole proprietorships, husband and wife, or partnerships where the general partners are husband and wife**

Please list below any relatives residing in your household who are employees of your business and to whom your books and records show payments to such relatives:

Employed Relatives*			
<u>Name</u>	<u>Relationship to You</u>	<u>Job Titles or Duties</u>	<u>Estimated Annual Remuneration</u>

\*Relatives are defined as: spouse, child by birth or adoption, stepchild, grandchild, son-in-law, daughter-in-law, parent, step-parent, parent-in-law, grandparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, uncle, aunt, nephew, or niece.

**Note:** Per California Labor Code, as an employer you are required to include in your Workers' Compensation coverage all relatives residing in your household who are your employees. Any policy issued based on information provided in this application will exclude coverage for residing relatives if none are listed above.

## 10. Insured/Producer Signature

### APPLICANT PLEASE READ

**FRAUD WARNING:** Any person who knowingly and with intent to defraud or deceive any insurer or another person, files an application for insurance 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 civil penalties.

**APPLICANT'S STATEMENT:** By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_