



Description of Operations, Hiring, Employment & Safety Characteristics

Applicant Name _____ **Proposed Effective Date** _____
FEIN _____ **Company Website** _____

Description of Operations

Misc. (Explain any gaps in coverage, cancellations, significant fluctuations in payroll, etc.)

Employee Breakdown (Top Classes by Payroll Excluding 8810/8742)

Class Code	# FT	# PT	# Seasonal	# Other	Union?	Avg. Wage Per Hour
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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?

Details / Descriptions / Notes



General Information

Please list the physical location of each terminal (City and State)

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Driver Operations

<input type="checkbox"/> Yes <input type="checkbox"/> No	Can drivers be dispatched at their residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does company owner drive a truck?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the company owner included on the policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant operate any other businesses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to above, is there an interchange of labor?
%	Percentage of hauls that are regular routes
%	Percentage of LTL freight

Radius of Operation

	% < 200 miles
	% < 200- 300 miles
	% < 300- 500 miles
	% < 500- 1000 miles
	% > 1000 miles

Driver Pay

How are drivers paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Per Mile <input type="checkbox"/> Per Trip <input type="checkbox"/> % of Load <input type="checkbox"/> Other	Average F/T Wage:
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Describe any necessary answers from above

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Equipment

Number of Power Units (including trucks leased to/from others)

#	Conventional	#	Straight Trucks	#	Dump Trucks	#	Wreckers
#	Cabovers	#	Other (please describe):				

Trailers (Percentage of total annual fleet miles) Must Equal 100%

%	Van Dry/Box	%	Intermodal Container	%	Open-Top Van	%	Flatbed
%	Liquid Tanker	%	Drop/Step Deck	%	Hopper	%	Reefer
%	Dry Bulk	%	Walking Floor	%	Compressed Gas	%	Logging
%	Livestock	%	Curtain-Side	%	Auto Transporter	%	Dump
%	Other (describe other types of trailers):						

Commodities Commonly Transported

List the most commonly transported commodities of the % of total freight that each represents

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Yes No Does the applicant haul hazardous materials? % % of Hazmat freight

***** IF HAZMAT FREIGHT IS TRANSPORTED, PLEASE FILL OUT PAGE 4 OF THIS DOCUMENT*****



Drivers		
Minimum age of new drivers		Driver Selection Procedures (check all that apply)
Minimum driving experience (in years)		<input type="checkbox"/> Interview <input type="checkbox"/> MVR
Number of full-time employee drivers?		<input type="checkbox"/> Written Test <input type="checkbox"/> FMCSA Pre-Screening
Number of part-time employee drivers?		<input type="checkbox"/> Drug Test <input type="checkbox"/> Written Application
# of truck owners on workers compensation policy?		<input type="checkbox"/> Road Test <input type="checkbox"/> Criminal Background Check
# of fleet operators on workers compensation policy?		<input type="checkbox"/> Application <input type="checkbox"/> References
Number of driver teams	#	<input type="checkbox"/> Other
# of mechanics, other employees that fill in as drivers	#	

Driver Interaction With Freight (as expressed by % of hauls)			
Load/Unload <i>with</i> Material Handling Aids	%	Accessing Top-Load Tankers via loading rack	%
Load/Unload <i>without</i> Material Handling Aids	%	Accessing Top-Load Tankers via tanker ladder	%
Decking and Blanket-Wrapping Freight	%	Use strap-downs, bars, chains	%
Tailgating Freight	%	% of loads lumpers are used	%
Other (please describe)	%	If using lumpers, do they carry own workers compensation policy/ have certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	

Maintenance Operation				
Check Yes for all that apply	Employee Mechanic	Outside Mechanic	Driver	Other (Please explain)
Who services/repairs trucks/trailers?				
Who performs routine maintenance?				
Who performs tank entry?				
Who conducts roadside repairs?				
Who is responsible for mounting tires?				
Is tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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>	
_____ Signature of Applicant	_____ Date Signed
_____ Signature of Agent	_____ Date Signed



Hazmat Freight Overview (Please list the 5 most frequently transported Hazmat freight in each category)			
	Chemical Name and UN#	Appx. # loads a month	PPE Worn
CLASS 2 GASES			
CLASS 3 FLAMMABLE/CO MIBUSTIBLE LIQUID			
CLASS 4 FLAMMABLE, SOLID, SPONTANEOUSLY COMBUSTIBLE, DANGEROUS			
CLASS 5 OXIDIZER & ORGANIC PEROXIDE			
CLASS 6 POISON (TOXIC) AND POISON INHALATION HAZARD			
CLASS 8 CORROSIVE			