



# Transportation Supplemental Application

Insured Name: \_\_\_\_\_ Broker: \_\_\_\_\_

Web Site: \_\_\_\_\_ FEIN: \_\_\_\_\_

| <b>GENERAL INFORMATION</b>   |   |  |  |
|--|---|--|--|
| Type of authority:   | DOT#  | PUC#   | DMV/MCP#   |
| City and State of each terminal  |   |  |  |
| States units are garaged at driver's residence?  |   |  |  |
| Can drivers be dispatched from their residence   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Percentage of hauls that are regular routes  | %  |
| Is there any driving or deliveries in Florida?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Percentage of LTL freight  | %  |
| Are there any businesses owned or operated by applicant other than company listed above?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | List Other Businesses (if any):  |  |
| If "Yes" above, is there any interchange of labor  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| 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 full-time wage or rate of pay?   |  |
| Radius of Operation - must equal 100%  | <input type="checkbox"/> % < 200 miles <input type="checkbox"/> % 200-300 miles <input type="checkbox"/> % 300-500 miles <input type="checkbox"/> % 500-1,000 miles <input type="checkbox"/> % >1,000 miles |  |  |
| States (or area) other than home base traveled to frequently   |   |  |  |
| Number of driving teams  |   | Do any mechanics, clerical or other employees fill-in as a truck driver as needed? If so, is their payroll properly reflected as a driver? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does company owner drive a truck?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is company owner to be included on policy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any employees or insured's vehicles ever travel into Mexico or Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |

| <b>DRIVERS</b>  |  |  |  |
|---|--|--|--|
| Minimum age for new driver  |  | Do driver hiring procedures include the following (Check all that apply) |  |
| Minimum experience required   |  |  |  |
| # of full-time employee drivers   |  |  |  |
| # of part-time employee drivers   |  |  |  |
| Are drivers with 3 or more moving violations or 1 at fault accident in the last 3 years prohibited from driving?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |
| Are drivers with any 2 point violation, reckless driving or DUI in the last 5 years prohibited from driving?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |
| Does the insured perform pre hire and post-accident drug testing?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |
| Is the insured enrolled in a Employer Pull Notice Program?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  |
| Number of W2 forms issued in previous calendar year   |  | Number of 1099 forms issued in previous calendar year                    |  |
| Are employees: <input type="checkbox"/> Union <input type="checkbox"/> Non-union ___% union   |  | Describe recent trends in driver turnover                                |  |
| Number of "true" owner/operators (own the truck they operate)   |  | Number of "fleet operators" (operate truck owned by other entity)        |  |
| To be included on workers' compensation policy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | To be included on workers' compensation policy?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certificate of coverage obtained?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificated of coverage obtained?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Unsafe Driving, Crash Indicator, HOS, Vehicle Maintenance, Controlled Substances and Alcohol or Hazardous Materials violations reported to SAFER?: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| If yes please describe:   |  |  |  |
| Does the insured have a written distracted driving program and/or cell phone policy? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| If yes please describe:   |  |  |  |

| <b>EQUIPMENT</b>  |  |  |  |
|---|--|--|--|
| <b>Number of Power Units</b> (Including trucks leased to/from others) |  |  |  |
| Conventional  |  | Straight Trucks  |  |
|   |  | Dump Trucks  |  |
|   |  | Wreckers   |  |
| Cabovers  |  | Other  |  |
| Do drivers pull any double or triple trailers?                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Speeds at which trucks are governed?                                  |  |  |  |

| <b>DESCRIPTION OF FRIEGHT TRANSPORTED</b> (must equal 100%) |   |                |   |                     |   |                                       |   |
|---|---|----------------|---|---------------------|---|---------------------------------------|---|
| General Freight   | % | Motor Vehicles | % | U.S. 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 or Hay  | % | Steel Pipe or Steel Members           | % |
| Refrigerated/ Frozen Food                                   | % | Gases          | % | Livestock           | % | Aggregate (Gravel, Stone, Fill, etc.) | % |
| Garbage, Refuse, Waste                                      | % | Chemicals      | % | Oil Field Equipment | % | Machinery / Heavy Equipment           | % |
| Meat or Produce   | % | Coal / Coke    | % | Hazardous Material  | % | Intermodal Containers                 | % |

| <b>DRIVER INTERACTION WITH FREIGHT</b>                    |   |  |  |   |  |  |  |                |  |
|---|---|--|--|---|--|--|--|----------------|--|
| Do drivers load or upload with material handling aids?    |   | [ ] Yes [ ] No                                   |  | Do drivers tarp freight without tarping mechanical system?          |  | [ ] Yes [ ] No                         |  |                |  |
| Any height exposure on any device in excess of 12 ft.?    |   | [ ] Yes [ ] No                                   |  | Do drivers secure freight using load-locks, bars, straps or chains? |  | [ ] Yes [ ] No                         |  |                |  |
| Do drivers tailgate freight?                              |   | [ ] Yes [ ] No                                   |  | Are drivers involved in decking and/or blanket-wrapping freight?    |  | [ ] Yes [ ] No                         |  |                |  |
| Do drivers' top-load tankers (access using loading rack)? |   | [ ] Yes [ ] No                                   |  | Is the maximum weight lifted in excess of 50 lbs.?                  |  | [ ] Yes [ ] No                         |  |                |  |
| Do drivers top-load tankers (access using tanker ladder)  |   | [ ] Yes [ ] No                                   |  | If yes, what lifting safety controls are in place?                  |  |  |  |                |  |
| Percentage of loads lumpers are used                      | % | Do Lumpers carry workers' compensation coverage? |  | [ ] Yes [ ] No  |  | Are certificates obtained for lumpers? |  | [ ] Yes [ ] No |  |

| <b>SUBCONTRACT / INDEPENDENT CONTRACTOR EXPOSURES</b>  |   |                               |
|--|---|-------------------------------|
| Answer   | Question  | Describe What You Subcontract |
| [ ] Yes [ ] No   | Do you subtract any work? If so, what %   |                               |
| [ ] Yes [ ] No   | Do you keep certificates of Workers Comp. Ins. For all subs?                          |                               |
| [ ] Yes [ ] No   | Is the entire payroll for uninsured subcontractors included in your payroll estimate? |                               |
| [ ] Yes [ ] No   | Do you use a subcontractor agreement? If so, please provide                           |                               |
| <p><b>Please note that any payments you make to subcontractors who cannot evidence their own currently-valid workers compensation coverage are subject to inclusion in your audit premium. Other types of insurance (i.e., occupational accident insurance) are not acceptable in lieu of workers compensation insurance. Premium auditors will request to see all subcontractor certificates.</b></p> |   |                               |

| <b>MAINTENANCE OPERATION</b> |   |                                   |                |   |
|------------------------------|---|-----------------------------------|----------------|---|
| [ ] Yes [ ] No               | Are all truck and trailer service/repairs performed by outside entities?                    |                                   | [ ] Yes [ ] No | Does insured have a vehicle/fleet maintenance program in place?                                       |
| [ ] Yes [ ] No               | Do any employees perform preventative maintenance only (brakes, lights, oil, grease, etc.)? |                                   | [ ] Yes [ ] No | Do any employees perform service/repair work on company-owned trailers?                               |
| [ ] Yes [ ] No               | Do any employees repair and/or mount tires?   | Tire cage used?<br>[ ] Yes [ ] No | [ ] Yes [ ] No | Do any employees perform service repair work on for equipment not owned or operated by the applicant? |
| [ ] Yes [ ] No               | Do any employees perform roadside repairs?  |                                   | [ ] Yes [ ] No | Do any employees perform work that involves tank entry?   |

| <b>SAFETY INFORMATION</b>   |   |
|---|---|
| Active IIPP: <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Specific job training: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Do you have an established method for reporting claims:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Forklift training: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Formal return to work program: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Currently in an MPN: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Is modified duty offered to help control claims? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| Safety incentives: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Accident investigation program in place: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Monthly safety meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Written Lockout/ Tagout/ Blackout Procedure in place: <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| Do you have a written safety manual: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Material Safety Data Sheet available: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Is it provided to all employees in:<br><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other/Multi | Hazardous Materials Communication program in place:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| Safety Director employed: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name: _____ Phone: _____                                | Hazard identification training: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Substance abuse training for all employees: <input type="checkbox"/> Yes <input type="checkbox"/> No  | Have there been any OSHA citations/violations in the last year:<br><input type="checkbox"/> Yes <input type="checkbox"/> No, if yes describe: |
| Do supervisors receive specific safety training: <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | Is insured willing to implement loss control recommendations made<br>by the insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisors held accountable for injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are employee required breaks strictly adhered to for all employees:<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |
| Condition of workplace premises: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor                 |   |

| <b>EMPLOYEE SELECTION/ TRAINING/ QUALIFICATIONS</b>  |
|--|
| After terminating employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you? Describe: |
| Does the insured employ any person 60 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Formal job description on file: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Employee orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Personnel files documented for pre-existing injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Group medical provided: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| if yes, name of provider:  |
| Are all employees eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| if not all, who is eligible:   |

| <b>TOWING OPERATIONS/EXPOSURES</b>  |  |   |  |
|---|--|---|--|
| Does the insured perform any of the following operations:   |  |   |  |
| Vehicle repossession  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recovery of vehicles transporting hazardous materials | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rappelling on hillside/cliff/canyon to retrieve vehicle   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Underwater recovery                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any of the insured's towing vehicles equipped with police scanners? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |
| Does the insured perform any lowbed/heavy hauling/transportation of large items, such as:   |  |   |  |
| Construction Equipment  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oversized Loads                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Farm Equipment  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Airplanes   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What percentage of your operations involves towing of trucks that are one ton or greater, buses, RVs, trailers, or auto trailers? ____%   |  |   |  |
| Does the insured participate in any program where the insured is notified if one of their drivers receives a vehicle violation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |
| Does the insured have a contract with AAA, CHP, or the Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |

|   |
|---|
| What is the insured's maximum towing radius?<br><input type="checkbox"/> 0-50 Miles <input type="checkbox"/> 51-100 Miles <input type="checkbox"/> 101-150 Miles    Write in mileage if radius is greater than 150: _____ |
| Does the insured have a documented vehicle inspection and maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Does the insured have a GPS vehicle tracking system? <input type="checkbox"/> Yes <input type="checkbox"/> No   |

|   |
|---|
| <b>NEMT/BUS/LIMO OPERATION EXPOSURES</b>  |
| Has the applicant been in operation under same ownership for at least three years with continuous workers' compensation coverage?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any group transportation of 4 or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Radius of operation percentages:    <25 miles ____ 25-100 miles ____ 100-500 miles ____   |
| Are vehicles company owned? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, please provide # and type?    Car ____ Truck ____ Van ____ Bus ____   |
| Are vehicles equipped with sirens or lights? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Any ambulances in the fleet? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Any passengers transported by gurney or stretcher? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are all stops scheduled in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Is patient handling training provided? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are drivers road tested prior to official hire? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Does operation have written procedures for the use of wheelchair lifts? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Does operation have written procedures in place for securing wheelchairs? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Does operation include transportation of any developmentally disabled passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

|   |         |        |        |  |                                  |  |        |  |
|---|---------|--------|--------|--|----------------------------------|--|--------|--|
| <b>DECLARATION</b>  |         |        |        |  |                                  |  |        |  |
| <p>I declare that after proper inquiry the statements and particulars given in this application are true and that I have not misstated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.</p> |         |        |        |  |                                  |  |        |  |
| <table border="1"> <tr> <td>Signed:</td> <td></td> <td>Dated:</td> <td></td> </tr> <tr> <td>Printed, Full name of signatory:</td> <td></td> <td>Title:</td> <td></td> </tr> </table>  | Signed: |        | Dated: |  | Printed, Full name of signatory: |  | Title: |  |
| Signed:   |         | Dated: |        |  |                                  |  |        |  |
| Printed, Full name of signatory:  |         | Title: |        |  |                                  |  |        |  |