

Occupational Accident Application

The information requested below is essential to enable us to expedite a quotation. This information will be the basis on which we will competitively underwrite the account. Although specific data is requested, the account may present unique characteristics which will require additional information and will be requested if needed.

Account Information

Legal Name: _____ DBA: _____

Entity: Individual Corporation Limited Corp. Partnership Subchapter "S" Corp. Other: _____

List (or attach) subsidiary(s) or combinable entities if coverage is requested: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Garaging Address: _____ City: _____ State: _____ Zip: _____

List Account Terminal Locations (list attached): _____

Contact Person: _____ Telephone: _____ Email: _____

No. of Years in Business	No. of Contractors	No. of Owners/Operators	No. of Contract Drivers	No. of Team Drivers

Tax ID (FEIN): _____ DOT #: _____

Account Information: Trucking

List all commodities hauled by percent of total for the year:

_____ % _____ % _____ % _____ % _____ %

Does the Account Haul: Hazardous/Waste Material Logging Explosives Flammables Refuse Radioactive

Type of Carrier: Common Contract Private LTL: _____ % Truckload: _____ % Driver Load/Unload: _____ %

Method of Driver Compensation: Mileage Revenue Hourly Trip Other (details): _____

If Bonus Pay Program is available, please detail: _____ Are drivers required to report daily? Yes No

Radius of Round-Trip in Miles (percent): 0 – 500: _____ % 51 – 200: _____ % 201 – 499: _____ % 500+ miles: _____ %

Drivers average length of haul: _____ Miles Drivers average duration of haul: _____ Days

Type of Equipment Van: _____ % Refrigerated: _____ % Flatbed: _____ % Tanker: _____ % Dump: _____ %
(by percent of total): Double Trailers: _____ % Oversize/Overweight: _____ % Other: _____ % details: _____

Does account allow passengers? Yes* No *If yes, please detail: _____

Backhaul Policy is (check one)*: Under the control of ACCOUNT At the discretion of the DRIVER *Detail: _____

Contractor Distribution

List total number of Contractors, Owner/Operators, Contract Drivers, Team Drivers to be insured by state of residence.

Alabama: _____	Idaho: _____	Michigan: _____	New York: _____	Tennessee: _____
Arizona: _____	Illinois: _____	Minnesota: _____	N. Carolina: _____	Texas: _____
Arkansas: _____	Indiana: _____	Mississippi: _____	N. Dakota: _____	Utah: _____
California: _____	Iowa: _____	Missouri: _____	Ohio: _____	Vermont: _____
Colorado: _____	Kansas: _____	Montana: _____	Oklahoma: _____	Virginia: _____
Connecticut: _____	Kentucky: _____	Nebraska: _____	Oregon: _____	Washington: _____
Delaware: _____	Louisiana: _____	Nevada: _____	Pennsylvania: _____	W. Virginia: _____
D.C.: _____	Maine: _____	New Hampshire: _____	Rhode Island: _____	Wisconsin: _____
Florida: _____	Maryland: _____	New Jersey: _____	S. Carolina: _____	Wyoming: _____
Georgia: _____	Massachusetts: _____	New Mexico: _____	S. Dakota: _____	Total: _____

Additional Driver Information

Number of Team Drivers (Included in total number of drivers): _____

Number of Owner Operators driving equipment leased from company: _____

Number of Independent Contractors driving company equipment that is not leased by him/her: _____

Number of Owner Operators with their own equipment: _____ Number of other drivers included: _____

Total number of drivers to be included in the Occupational Accident program: _____