

Transportation Worker's Compensation Supplemental Application

Effective Date		Named Insured			DBA		
Street Address				City		State	Zip
Web Address				Phone		Years in Business	Years of Related Experience
One80 Intermediaries		Producer		Tax ID (FEIN)	US DOT #	ICC #	MC/MX #
Employees	No. of Drivers	No. of Owner/Operators	No. of Mechanics	No. of Clerical Staff	Min. Age for Drivers	Min. Years Experience	Driver Turnover % %
Driver Selection Procedures	Written Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Review? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Driving Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have any drivers been convicted of the following?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<ul style="list-style-type: none"> - Negligent homicide - Reckless driving - Speed twenty miles or more over the speed limit - Unlawful use of vehicle - Leaving the scene of an accident or a hit and run - Driving while license is suspended or revoked in a commercial vehicle - Speed contest or racing - Felony conviction which involves a motor vehicle - DUI or DWI 					
If yes, please provide drivers name, conviction date & more details						Any drivers with 4 or more moving violations and/or at fault accidents in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are drivers compensated?	By Mile? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Load? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Hour? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Operations Monitoring (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Recording Device <input type="checkbox"/> Radio Dispatch <input type="checkbox"/> Surveillance Devices <input type="checkbox"/> Anti-Theft Devices <input type="checkbox"/> GPS Services <input type="checkbox"/> Back-Up Cameras/Alarms <input type="checkbox"/> Other: _____						
What percentage of your operational territory is...	Rural %	Suburban %	Metropolitan/Urban %	Radius of Operations?	0 - 100 Miles %	101 - 200 Miles %	200+ Miles %
Equipment: Number of Power Units (including lease to & from others)	Conventional	Straight Trucks	Dump Trucks	Cabovers	Wreckers	Other	
Equipment: Number of Trailers	Van/Dry Box	Intermodal Containers	Flatbed	Refeer	Dry Bulk	Liquid Tanker	Hopper Bottom
Logging	Livestock	Compressed Gas	Doubles/Triples	Dump	Open Top Van	Auto Transporter	Other
List Commodities Hauled & % of total Freight					Any hazardous materials hauled? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, list...		
Do you own any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all owned and operated power units listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any use of sub-haulers or owner/operators? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you use a written subcontractor agreement containing hold harmless/indemnity agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you allow family members or guest passengers to "ride along"? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a formal safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lend, lease or rent trucks or equipment to others without drivers/operators? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you comply with all DOT/FMCSA regulations concerning driver employment, file and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you or any business you've owned ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees perform roadside repair/service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any manual loading or unloading? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

Insured Signature

Agent Signature

Date

Date