

High Point Underwriters - Truckers Occupational Accident Application

ACCOUNT INFORMATION:

Legal Name: _____ Individual Corporation LLC Partnership Other
Physical Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____ FAX: _____
Email Address: _____ Motor Carrier's EIN#: _____
#Years in Business: _____

BUSINESS INFORMATION:

SAFER: Motor Carrier ID#: _____ Motor Carrier's DOT #: _____

Type of Carrier: Common Contract Private Other: _____ LTL % _____ Truckload % _____

Operations:

1. Method of Driver Compensation: Mileage Revenue Hourly Trip Other (details) _____
2. Backhaul policy is under the control of ACCOUNT or at the discretion of the DRIVER - **Check one**
3. Do You haul: Hazardous Waste Material Explosives Flammables Refuse Radioactive Cargo - **Check any that apply**
4. Does Account allow passengers: YES NO (If YES, give details) _____
5. List Account Terminal Locations: _____
6. Do You lease out drivers to other Motor Carriers? Yes No
7. Do You allow Passengers? Yes No
8. Are all Contract Drivers required to execute an Independent Contractor Agreement with the Motor Carrier? Yes No

Round Trip Radius: more than 500 miles _____% 499 to 200 miles _____% 199 to 50 miles _____% less than 50 miles _____%

Type of Equipment: VAN _____% REFRIGERATED _____% FLATBED _____% TANKER _____% DUMP _____%
DOUBLE TRAILERS _____% OVERSIZE/OVERWEIGHT _____% OTHER _____% Details _____

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

_____ % _____ %
_____ % _____ %

DRIVER INFORMATION & COMMODITIES HAULED

Total # Drivers: _____

Drivers by Type: Owner Operators: _____ Paid by _____ 1099 _____ W-2

Contract Drivers: _____ (Drivers for an Owner Operator) Paid by: _____ 1099 _____ W-2

Company Drivers: _____ (Drives for MC in the Motor Carrier's Equipment) Paid by 1099 only

Corporation to Corporation Drivers: _____

Team Drivers: _____

Employee Drivers: _____ Paid by W-2 Only

Other Types: Are Casual Laborers or Helpers used? Yes No If yes, provide details using Casual Laborer Supplemental Application

General Driver Information: Are Drivers required to report daily: Yes No

Driver's average length of haul: _____ miles

Driver's average duration of haul: _____ days

Driver Load/Unload % _____

What is minimum age: _____ years. What is maximum age: _____ years

Minimum CDL driving experience _____

Driver Locations by Home State: Give total number of Owner/Operators, Contract Drivers, Team Drivers to be insured by state of residence:

Alabama _____	Idaho _____	Michigan _____	New York _____	Tennessee _____
Arizona _____	Illinois _____	Minnesota _____	North Carolina _____	Texas _____
Arkansas _____	Indiana _____	Mississippi _____	North Dakota _____	Utah _____
California _____	Iowa _____	Missouri _____	Ohio _____	Vermont _____
Colorado _____	Kansas _____	Montana _____	Oklahoma _____	Virginia _____
Connecticut _____	Kentucky _____	Nebraska _____	Oregon _____	Washington _____
Delaware _____	Louisiana _____	Nevada _____	Pennsylvania _____	West Virginia _____
Dist of Col _____	Maine _____	New Hampshire _____	Rhode Island _____	Wisconsin _____
Florida _____	Maryland _____	New Jersey _____	South Carolina _____	Wyoming _____
Georgia _____	Massachusetts _____	New Mexico _____	South Dakota _____	TOTAL _____

SAFETY INFORMATION

Does the Account have a specified individual whose full-time duty is that of a Safety Director? YES NO (Name: _____)

Does the Account have a current written safety/loss control program: YES NO - If Yes, please provide the following information:

Who Developed the program? Name: _____
 Years of Experience: _____ When was the program initiated: _____ When was it last updated: _____

Does the safety/loss program address the following items:

Inspections of operations, conditions, and vehicles to identify hazards? YES NO
 Frequency of Training of owner operators in safe work practices? YES NO
 Specific owner operator rules? YES NO

How often are safety meetings conducted: _____ Are Owner/Operators required to attend? YES NO

How often are Owner/Operator’s MVRs reviewed? _____
 Maximum number of accidents permitted: _____
 Maximum number of violations permitted: _____

What MVR violation would cause Owner/Operator’s Lease Agreement to be “inactive”? _____

PRIOR INSURANCE PROGRAM AND LOSS INFORMATION

1. Do you have a current Occupational Accident Program for your Independent Contractors? Yes No
2. Who is the current carrier? _____ What is the Anniversary Date? _____ Is the Program mandatory? Yes No
3. Have you ever had an Occupational Disease, Cumulative Trauma, or Contingent Liability type claim? Yes No
4. Please provide 5 years of currently valued loss information.

Please provide the total annual 1099 settlements and driver counts for the last 5 years:

POLICY TERM	TOTAL PAID AMOUNT OF 1099 SETTLEMENTS	# OF 1099 FORMS ISSUED
CURRENT TERM		
FIRST PERIOD		
SECOND PERIOD		
THIRD PERIOD		
FOURTH PERIOD		

Has an Independent Contractor filed a Workers' Compensation or Contingent Liability Claim in the last 3 Years? Yes No

If yes, please provide information on those claims.

Has any prior Workers’ Compensation, Occupational Accident, Contingent Liability, or similar coverage been cancelled or non-renewed in the last 3 years? Yes No

If Yes, please provide information on that program.

Would you like a Workers Compensation quote from High Point Underwriters? Yes No

ADDITIONAL REQUIRED INFORMATION:

1. Copy of the Lease Agreement & Lease Purchase Agreement (if applicable)
2. Initial Driver Census – include: Name, DOB, and State of Residence

AGENT IDENTIFICATION AND SIGNATURE

Agency Name: _____

City: _____ State: _____ Zip : _____

Agency Contact Person: _____ E-mail: _____

Requested Effective Date: _____

Date Quote Needed: _____

Signature of Applicant/Account: _____ Date: _____

Signature of Producer: _____ Date: _____