



Workers Compensation Truckers Supplemental Application
(To be completed with Accord 130 Application)

Name Insured: _____	Federal Employer ID Number: _____
Name Insured Principle Business Address: Street _____	City _____ State _____ Zip _____
Name Insured Contact/Title: _____	Phone: Work: _____ Cell: _____

DESCRIPTION OF OPERATIONS:

1. Describe any operation(s) other than trucking : 2. Specify type of trucking operation: a. For hire _____ b. Private _____ c. Other (explain) _____ 3. Percentage of miles traveled: a. < 200 miles _____ b. >200 miles _____ 4. Percentage of Team Driving _____ 5. Primarily engaged in: Truck load _____% or LTL / Multi Drop _____%? (If LTL complete LTL supplement)	6. Commodities hauled: a. Auto Haulers _____% b. Beverage Distributors _____% c. Containers _____% d. General Freight _____% e. Grain / Hay _____% f. Hazardous Materials _____% g. Livestock _____% h. Logging _____% i. Other _____% Total 100%	Trailer types used: j. Belly Dump _____% k. Dump _____% l. Flatbed _____% m. Gooseneck _____% n. Reefer _____% o. Tank (driver climbs on Top) _____% p. Tank (driver never climbs on Top) _____% q. Van _____% r. Other _____% Total 100%
7. Identify the top 6 states of operation (include IFTA reports for the last 4 quarters). _____ _____ _____		

PRIOR PREMIUM AND PAYROLL INFORMATION

	# Full time employees	# Part Time Employees	# Total Employees	Total annual payroll	WC Premium
Current Year					
1st Prior year					
2nd prior year					
3rd prior year					
4th prior year					

WORKER DOMICILE / BASIS OF PAY

Basis of Pay (# of Employees)

	Mileage	Hourly	Other
Company Drivers			
Owner Operators			
Mechanics			
Clerical			
Sales person			
Warehouse			
Other (_____)			

States (# of Employees per State)

State 1	State 2	State 3	State 4	State 5	State 6
_____	_____	_____	_____	_____	_____

***Attach a driver list for each terminal and if no terminals exist, provide a state of residence for each driver**

HIRING PRACTICES – EMPLOYEE SELECTION

HIRING PRACTICE QUESTIONS	Yes	No	OTHER RELATED QUESTIONS	Details
Written Applications			How many drivers were hired in the last 12 months?	
Reference Checks			What is the estimated driver turnover?	
Pre employment physicals			Estimated plan for growth of employees over next year	
Are personnel files documenting pre-existing injuries?			Estimated plan for growth of drivers over next year	
Pre-hire drug testing?			What percentage of drivers load or unload vehicles?	
Post accident drug testing?			If drivers load or unload what percentage done manually?	
MVR checks?			If drivers load or unload what % done mechanically?	
Do you have a formal written accident report?			Are lumpers used?	
Are there procedures for reporting claims?			If yes, do lumpers carry own Workers Compensation?	
Driving Tests required?			If yes, is a copy of WC certificate obtained and on file?	
Formal Interviews required?			Do you require WC certificates from all owner operators?	
Formal driver safety training/orientation program?			If no, is payroll included on application of coverage?	
			Do you lease employees from other firms? If yes, list firm:	

WORKER GROUP BENEFITS

GROUP BENEFITS	Yes	No
Group Medical Provided		
Paid Sick Leave		
Paid Disability		
Return to Work Program (RTW)		
RTW light duty position available		

OWNER OPERATOR SECTION (Complete - If applicable and enclose copy of O/O lease agreement)

	Yes	No		Yes	No
1. How many Owner Operators does the applicant use? _____			9. Does the O/O carry own WC coverage?		
2. Do all Owner operators sign a written contract which specifies their relationship with applicant to be that of an independent Contractor?			10. If yes to 9, Is a copy of certificate received and maintained on file?		
3. Is Owner Operator compensation included in the estimated Annual Remuneration section for premium calculation?			11. Are O/O excluded from carrier contributions from: a. Unemployment compensation b. Company pension and welfare plans		
4. Are O/O free to solicit business from other companies?			12. Do O/O keep records?		
5. Are O/O free to substitute one driver or helper for another?			13. Do the O/O pay for the vehicle?		
6. Are O/O free to reject Assignments			14. Do the O/O own the vehicle?		
7. Does the O/O pay for all repairs to the vehicle?			15. Do O/O perform task different than regular employees?		
8. Does the O/O pay for liability insurance (other than bob tail)?			16. Comments – see below		

INDIVIDUALS INCLUDED / EXCLUDED

Proprietors, Partners, Officers, Relatives, LLC Members to be included or excluded. (Remuneration to be included must be part of rating information section)							
#	Name	Title / Relationship	Ownership %	Duties	Include/Exclude	Class Code	Remuneration

VEHICLE MAINTENANCE

Maintenance Questions	Yes	No	Details
Operate a full service repair shop?			If no, list services provided
Is the shop on a separate location?			If no, describe:
Is the shop a separate corporation?			If yes, name:
Do you perform services/repairs for third parties?			List services:

SAFETY PROGRAM

	Yes	No		Yes	No
Do you have a formal written safety program?			If yes, is the training formal/ documented?		
Are owner(s) active in daily operation?			Do you have a Risk manager? If yes, Name _____		
If yes, are they excluded from WC coverage			Has loss control services been provided in last year?		
Active illness and injury prevention program in place ?			Are there any outstanding OSHA citations?		
Active safety incentive program?			Are safety meeting conducted? If yes, how often:		
Do employees receive safety training orientation?			Daily __ weekly __ monthly __ quarterly __ other? __		

Comments:

Please read the statement applicable to your state. If your state is not listed, please read the statement applicable to All Other States. Then sign, date and return your application.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 CIVIL PENALTIES.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties. Not applicable in Nebraska.

Applicant's Signature
(Must be Officer, Owner or Partner)

Date

Producer's Signature

Producer's License #

Date

