

CORPORATE WORKER'S COMPENSATION SUPPLEMENTAL APPLICATION



GENERAL INFORMATION			
Company Name			
Business Address			
Type of Equipment / Vehicles by unit count:	Private Passenger Autos	Heavy Trucks (> 16 feet)	Small Step Vans
	Tractor Trailers	Panel Trucks	Other
Average number of employees?			
Do you employ any mechanics?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you employ any freight handlers or warehouse employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you utilize any casual Laborers or Helpers?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)		

DRIVER INFORMATION		
Average number of independent contractors / owner operators?		
Do you lease any drivers from other Motor Carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you obtain certificates of worker's compensation for these drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all drivers paid by 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain
Do you have drivers paid by 1099 that you or a commonly owned entity rent, lease or by other methods provide vehicles to them, in order for these drivers to perform work for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Do any of your owner operators reside in Colorado, Nevada or North Carolina?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you obtain certificates of worker's compensation for these drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any Contract Drivers? <i>(Drivers for one of your independent contractors / owner operators)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you obtain certificates of worker's compensation for these drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your independent contractors / owner operators have a co-driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Do any of your independent contractors / owner operators have helpers that ride with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Do you have any couriers that perform deliveries by either walking or riding a bicycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Have you had an independent contractor / owner operator file a worker's compensation claim in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attached loss runs and explain nature of claim

Please be aware that certificates of Worker's Compensation Insurance are required and must be maintained on file by you for all drivers in Colorado, Nevada or North Carolina. If not, these exposures will be picked up at audit and you will be charged additional premium for worker's compensation insurance. This also pertains to any Motor Carrier or Contract Driver (as defined above) that you do not obtain and maintain certificates of worker's compensation insurance on file.

Any person who knowingly and with intent to defraud an 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.

Officer or Owner of Business

Date