

# 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 who's 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.

**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:** \_\_\_\_\_