

# 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: \_\_\_\_\_