

High Point Truckers Occupational Accident Renewal Application



ACCOUNT INFORMATION

Legal Name: _____ Physical Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____ FAX: _____

Contact Person: _____ Email Address: _____



BUSINESS INFORMATION:

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

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
Are Casual Laborers or Helpers used? _____ Yes _____ No. If yes, provide details.

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 _____



AGENT IDENTIFICATION AND SIGNATURE

Agency Name: _____ City: _____ State: _____ Zip: _____

Signature of Applicant/Account: _____ Date: _____

Signature of Producer: _____ Date: _____