

Parcel Delivery Supplemental Application

Applicant Name: _____

Company _____

Website: _____

Proposed Eff. Date: _____

FEIN/SSN: _____

Detailed Description of Operation (Typical Services Offered, Typical Clients)

Historic Payroll and Premium

Year	Governing Class Code	Total Payroll	Total Premium

Hiring Practices (i.e., conducted at hire, prior to hire, or immediately following hire)

Answer	Question
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do employees have documented (formal and written) job descriptions?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do applicants submit a written application?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Are applicants screened by performing reference checks?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Does company review Drivers' MVR's?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Are applicants subject to a pre-hire drug test and pre-hire physicals?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Are personnel files documented for pre-existing injuries?
<input type="checkbox"/> Yes <input type="text" value=""/> %] <input type="checkbox"/> No	Does company provide Medical Insurance to employees? If yes, please indicate percentage enrolled
<input type="checkbox"/> Yes <input type="text" value=""/> %] <input type="checkbox"/> No	Does the company hire Union employees? If yes, please indicate percentage

Safety Practices and Loss Control

Answer	Question
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Is there a formal return to work program?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do employees receive a written safety manual?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do you have a formal and written injury & illness prevention program (IIPP)?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Do employees receive quarterly (or more frequently) safety training, which is then documented in writing?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Are employees subject to random and post-accident drug tests?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	After terminating an employees are personnel files documented with employee signed notes regarding any potential injuries incurred during their work for you?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Is the ownership active in the day-to-day operations of the company?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Full time risk / safety manager employed whose job is 50%+ safety related?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Formal accident investigation procedures?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Formal claims reporting procedures?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	Does company provide group transportation of more than four (4) employees

For all answers above answered with a "SOME" or "NONE" please provide a narrative description below.

Please complete all pages. The **APPLICANT** must sign the last page. By signing the last page the applicant is attesting that the information provided on EACH page is complete and accurate information as of the date signed. By signing the last page, the applicant agrees to notify us immediately to any change in their operations that would result in a change to any of the answers provided on this entire application.



Couriers & Parcel Delivery Company Supplemental Application

Continued from pg 1, for all answers above answered with a "SOME" or "NONE" please provide a narrative description below

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For Class 808 (in Pennsylvania), 7198 in California or 7231 in all other states, complete this breakdown by employee function

Type	# FT	# PT	# Seasonal	Union?	Avg. Wage Per Hour
Delivery Driver (Terminal to Home)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivery Driver (Terminal to Terminal)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Warehouse (Not Driver)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lumper (and similar)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispatcher/Manager (if in code 7198)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanic / Janitorial / Security / etc.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Provide Description Above)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Operations by Delivery Type (by %) [Total to 100%]	
Car / Van / Pickup Truck	
Box Truck (and similar)	
Tractor Trailer (and similar)	
Bicycle / Moped / Motorcycle	
No vehicle (the delivery is on foot)	
Other	

Individual Packages by Weight (by %) [Total to 100%]	
Under 5 Pounds Each	
5 – 10 Pounds Each	
10 – 20 Pounds Each	
20 – 70 Pounds Each	
70 – 100 Pounds Each	
More than 100 Pounds Each	

Packages Handled Include (Yes/No)	
Medical / Dental Specimens (All Types)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosives / Flammables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corrosive Items	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Hazardous / Chemical Items	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Weight Delivered Per Stop (by %) [Total to 100%]	
Under 10 Pounds Total Per Stop	
10 – 100 Pounds Per Stop	
100 – 200 Pounds Per Stop	
More than 200 Pounds Per Stop	

Subcontract / Independent Contractor Exposures		
Answer	Question	Describe What You Subcontract
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you subcontract any work? If so, what % _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you keep certificates of Workers Comp. Ins. for all subs?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the entire payroll for <u>uninsured</u> subcontractors included in your payroll estimate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a subcontractor agreement? If so, please provide	

Please note that any payments you make to subcontractors who cannot evidence their own currently-valid workers compensation coverage are subject to inclusion in your audit premium. Other types of insurance (i.e., occupational accident insurance) are not acceptable in lieu of workers compensation insurance. Premium auditors will request to see all subcontractor certificates.

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business _____ Date _____