

# Parcel Delivery Supplemental Application

Applicant Name: \_\_\_\_\_ Website: \_\_\_\_\_

Proposed Eff. Date: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

<i>Detailed Description of Operation (Typical Services Offered, Typical Clients)</i>

<i>Historic Payroll and Premium</i>			
Year	Governing Class Code	Total Payroll	Total Premium

<i>Hiring Practices (i.e., conducted at hire, prior to hire, or immediately following hire)</i>	
Answer	Question
[ ] All [ ] Some [ ] None	Do employees have documented (formal and written) job descriptions?
[ ] All [ ] Some [ ] None	Do applicants submit a written application?
[ ] All [ ] Some [ ] None	Are applicants screened by performing reference checks?
[ ] All [ ] Some [ ] None	Does company review Drivers' MVR's?
[ ] All [ ] Some [ ] None	Are applicants subject to a pre-hire drug test and pre-hire physicals?
[ ] All [ ] Some [ ] None	Are personnel files documented for pre-existing injuries?
[ ] Yes [ ] % [ ] No	Does company provide Medical Insurance to employees? If yes, please indicate percentage enrolled
[ ] Yes [ ] % [ ] No	Does the company hire Union employees? If yes, please indicate percentage

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

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

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

List the full street address for each terminal/station from which employees work			
Street Address	City	State	Zip Code

*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)				[ ] Yes [ ] No	
Delivery Driver (Terminal to Terminal)				[ ] Yes [ ] No	
Warehouse (Not Driver)				[ ] Yes [ ] No	
Lumper (and similar)				[ ] Yes [ ] No	
Dispatcher/Manager (if in code 7198)				[ ] Yes [ ] No	
Mechanic / Janitorial / Security / etc.				[ ] Yes [ ] No	
Other (Provide Description Above)				[ ] Yes [ ] 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)	[ ] Yes [ ] No
Explosives / Flammables	[ ] Yes [ ] No
Corrosive Items	[ ] Yes [ ] No
Other Hazardous / Chemical Items	[ ] Yes [ ] 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
[ ] Yes [ ] No	Do you subcontract any work? If so, what % _____	
[ ] Yes [ ] No	Do you keep certificates of Workers Comp. Ins. for all subs?	
[ ] Yes [ ] No	Is the entire payroll for <u>uninsured</u> subcontractors included in your payroll estimate?	
[ ] Yes [ ] 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.*

**Loss Control / Safety Contact Person**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_