



**OCCUPATIONAL ACCIDENT QUESTIONNAIRE**

THIS IS NOT AN APPLICATION FOR WORKER'S COMPENSATION INSURANCE

**Applicant Information**

**Effective Date:** \_\_\_\_\_

Business Name and DBA:			
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other			Years in Business:
Phone Number:		Fax Number:	
Federal Tax I.D. Number:		USDOT:	
Contact Person:		Website:	

**\*\* If multiple locations, named insureds, or FEIN, please list on separate sheet**

**Rating Information**

Class Description – Independent Contractors	Number of Drivers in Each Class
Owner Operators	
Contract Drivers	
Lease Purchase Drivers	
Team Drivers	
<b>Total No. of Drivers</b>	

**Number of Independent Contractors in above count by State of Residence:**

<b>AL</b>	<b>AR</b>	<b>AK</b>	<b>AZ</b>	<b>CA</b>	<b>CO</b>	<b>CT</b>	<b>DE</b>	<b>FL</b>	<b>GA</b>
<b>HI</b>	<b>IA</b>	<b>ID</b>	<b>IL</b>	<b>IN</b>	<b>KS</b>	<b>KY</b>	<b>LA</b>	<b>MA</b>	<b>MD</b>
<b>ME</b>	<b>MI</b>	<b>MN</b>	<b>MO</b>	<b>MS</b>	<b>MT</b>	<b>NC</b>	<b>ND</b>	<b>NE</b>	<b>NH</b>
<b>NJ</b>	<b>NM</b>	<b>NV</b>	<b>NY</b>	<b>OH</b>	<b>OK</b>	<b>OR</b>	<b>PA</b>	<b>RI</b>	<b>SC</b>
<b>SD</b>	<b>TN</b>	<b>TX</b>	<b>UT</b>	<b>VA</b>	<b>VT</b>	<b>WA</b>	<b>WI</b>	<b>WV</b>	<b>WY</b>

**Loss Information (First Dollar Losses): Complete Years Required**

Policy Year	Carrier	Line of Coverage	Total Incurred	Number of Claims	Valuation Date	Premium
		<input type="checkbox"/> WC <input type="checkbox"/> Occ				
		<input type="checkbox"/> WC <input type="checkbox"/> Occ				
		<input type="checkbox"/> WC <input type="checkbox"/> Occ				
		<input type="checkbox"/> WC <input type="checkbox"/> Occ				
		<input type="checkbox"/> WC <input type="checkbox"/> Occ				

**Commodities Hauled / Handling**

Description	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5	Item # 6
Commodity						
% Hauled						

Does Applicant haul, under its Operating Authority, any HAZMAT?  Yes  No

If yes, please provide description of material or chemicals: \_\_\_\_\_

Loading / Unloading %: \_\_\_\_\_ Tarp / Strap Loads %: \_\_\_\_\_ Connecting Hoses / Pumps %: \_\_\_\_\_

Describe process – forklifts, pallet jacks, manual, dollies, pumps, hoses etc: \_\_\_\_\_

**Equipment Used**

Trailer Type	Intermodal	Dry Van/Box	Refrigerated	Dump Truck	Tanker	Flatbed	Other
% Utilized							

Describe other equipment used if not listed above: \_\_\_\_\_

Oversize / Overweight %: \_\_\_\_\_ Double Trailer %: \_\_\_\_\_ Triple Trailer %: \_\_\_\_\_

**Radius of Operations**

Radius of Operation	Local 0-50	Intermediate 51-200	Long Haul Over 200	LTL	Max. Haul	Average Haul

## Safety Program / Hiring Standards

Do you check DOT physicals?  Yes  No      Do you run MVR's at least annually on all drivers?  Yes  No

Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_ Minimum commercial truck driving experience: \_\_\_\_\_

Maximum number of accidents permitted: \_\_\_\_\_ (number) in the past \_\_\_\_\_ years.

Maximum number of violations permitted: \_\_\_\_\_ (number) in the past \_\_\_\_\_ years.

Describe any other hiring practices: \_\_\_\_\_

	Y	N		Y	N
Do you have a written safety manual?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an alcohol/drug testing program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a driver training program?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
Are safety meetings held on a regular basis? Frequency (please circle) Weekly Monthly Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	Are documented, post accident investigations conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct periodic self inspections? Frequency (please circle) Weekly Monthly Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	Is there an appointed Safety Director?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safety incentive programs?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other safety controls in place that assist you in controlling losses? Please list or attach on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
Do drivers sign a lease agreement?	<input type="checkbox"/>	<input type="checkbox"/>	Is the Motor Carrier willing to maintain enrollment cards?	<input type="checkbox"/>	<input type="checkbox"/>

## Coverage Requested

Check boxes for requested quote options

AD&D Limits w/Paralysis  Include  Exclude  \$100,000  \$150,000  \$200,000  \$250,000  \$300,000

Medical Maximum Limit  \$300,000  \$500,000  \$1,000,000

Maximum Deductible  \$0  \$250  \$500  \$1,000

Maximum Benefit Period  6 Months  1 Year  2 Years

Temporary Disability Maximum Weekly Benefit  \$400  \$500  \$600  \$700

Waiting Period  7 Days  14 Days  30 Days      Duration  26 Weeks  52 Weeks

Percentage of Weekly Pay  66 2/3%  70%

Continuous Total Disability to Age 65  \$400  \$500  \$600  \$700

Percentage of Weekly Pay  66 2/3%  70%      Accidental Dental Expense  Yes  No

## Optional Coverage

Non Occupational Accident AD&D  \$10,000  \$15,000  \$25,000

Medical Maximum Limit  \$10,000  \$25,000  \$50,000      Medical Deductible  \$0  \$100  \$250  \$500

Occupational Cumulative Trauma  Yes  No      Occupational Hernia  Yes  No

Contingent Liability (Available for groups of 10 or more lives)  Yes  No  
(note: this coverage is paid for by the motor carrier)