



The Brokers Preferred Wholesale Solution

Workers' Comp - Transportation/Trucking

For a complete submission, please include the following information:

- ACORD Application 130
- Business FEIN #
- Supplemental Application
- 4 Years Currently Valued Loss History Regardless of Lapse in Coverage
 - If lapsed, provide date and reason
 - For new venture, provide date of first employee hire (loss runs not required)

If you don't see what you need or have any questions, please email your underwriter: Darby@CIDinsurance.com

TRANSPORTATION WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

NAMED INSURED		DBA		FEIN		EFFECTIVE DATE	
ADDRESS		CITY			STATE		ZIP
WEBSITE ADDRESS		PHONE			YRS. IN BUSINESS		YRS. RELATED EXPERIENCE
AGENCY		PRODUCER			US DOT #	ICC #	MC/IMX #
EMPLOYEES	# OF DRIVERS	# OF OWNER/OPERATORS	# OF MECHANICS	# OF CLERICAL STAFF	MIN. AGE FOR DRIVERS	MIN. YEARS EXPERIENCE	DRIVER TURNOVER %
DRIVER PROCEDURES	PRE-HIRE INTERVIEW? <input type="radio"/> YES <input type="radio"/> NO	PRE-HIRE TESTS? <input type="radio"/> YES <input type="radio"/> NO	MVR REVIEW? <input type="radio"/> YES <input type="radio"/> NO	PHYSICAL? <input type="radio"/> YES <input type="radio"/> NO	ENTRY LEVEL DRIVER TRAINING? <input type="radio"/> YES <input type="radio"/> NO	REFERENCE CHECKS? <input type="radio"/> YES <input type="radio"/> NO	DRUG TEST? <input type="radio"/> YES <input type="radio"/> NO
RADIUS OF OPERATIONS	0 - 250 %	251 - 500 %	501 - 1,000 %	> 1,000 %	IF GREATER THAN 1,000 MILES, WHAT IS THE MAX RADIUS?		
HAVE ANY DRIVERS BEEN CONVICTED OF THE FOLLOWING?	<input type="radio"/> YES <input type="radio"/> NO	NEGLIGENT HOMICIDE UNLAWFUL USE OF VEHICLE SPEED CONTEST OR RACING	RECKLESS DRIVING LEAVING THE SCENE OF AN ACCIDENT OR HIT & RUN FELONY CONVICTION WHICH INVOLVES A MOTOR VEHICLE	SPEED TWENTY MILES OR MORE OVER THE SPEED LIMIT DRIVING WHILE LICENSE IS SUSPENDED OR REVOKED IN A COMMERCIAL VEHICLE DUI OR DWI			
IF YES, PLEASE PROVIDE DRIVERS NAME, CONVICTION DATE AND DETAILS	ANY DRIVERS WITH 4 OR MORE MOVING VIOLATIONS AND/OR AT FAULT ACCIDENTS IN THE PAST 3 YEARS?						<input type="radio"/> YES <input type="radio"/> NO
HOW ARE DRIVERS COMPENSATED?	BY MILE? <input type="radio"/> YES <input type="radio"/> NO	BY TRIP? <input type="radio"/> YES <input type="radio"/> NO	BY LOAD <input type="radio"/> YES <input type="radio"/> NO	BY HOUR <input type="radio"/> YES <input type="radio"/> NO	ANY MANUAL LOADING/UNLOADING <input type="radio"/> YES <input type="radio"/> NO	% MECHANIZED LOADING/UNLOADING %	% NON-MECHANIZED LOADING/UNLOADING %
VEHICLE OPERATIONS MONITORING <i>(CHECK ALL THAT APPLY)</i>	<input type="checkbox"/> RECORDING DEVICE <input type="checkbox"/> RADIO DISPATCH <input type="checkbox"/> SURVEILLANCE DEVICES <input type="checkbox"/> ANTI-THEFT DEVICES <input type="checkbox"/> GPS SERVICES <input type="checkbox"/> BACK-UP CAMERAS/ALARMS <input type="checkbox"/> NONE <input type="checkbox"/> ELECTRONIC LOG BOOK (ELB) <input type="checkbox"/> OTHER: _____						
WHAT % OF YOUR OPERATIONAL TERRITORY IS?	RURAL %	SUBURBAN %	METROPOLITAN / URBAN %	OVERSIZED LOADS %	ESCORT VEHICLES %	TRAVEL TO MEXICO %	TRAVEL TO CANADA %
EQUIPMENT: # OF POWER UNITS <i>(INCLUDING LEASE TO & FROM OTHERS)</i>	CONVENTIONAL	STRAIGHT TRUCKS	DUMP TRUCKS	CABOVERS	WRECKERS	OTHER	OTHER
EQUIPMENT: # OF TRAILERS	VAN/DRY BOX	INTERMODAL CONTAINERS	FLATBED	REEFER	DRY BULK	LIQUID TANKER	HOPPER BOTTOM
LOGGING	LIVESTOCK	COMPRESSED GAS	DOUBLES/TRIPLES	DUMP	OPEN TOP VAN	AUTO TRANSPORTER	OTHER
LIST COMMODITIES HAULED AND % OF TOTAL FREIGHT	----- %	----- %	----- %	----- %	ANY HAZARDOUS MATERIALS HAULED? <input type="radio"/> YES <input type="radio"/> NO IF YES, LIST:	----- %	----- %
DO YOU OWN ANY OTHER BUSINESSES?	ARE ALL OWNED AND OPERATED POWER UNITS LISTED ON THIS APP? <input type="radio"/> YES <input type="radio"/> NO	ANY USE OF SUB-HAULERS OR OWNER/OPERATORS? <input type="radio"/> YES <input type="radio"/> NO	IF YES, DO YOU COLLECT WORKERS' COMPENSATION CERTIFICATES OF INSURANCE? <input type="radio"/> YES <input type="radio"/> NO		DO YOU ALLOW FAMILY MEMBERS OR GUEST PASSENGERS TO "RIDE ALONG"? <input type="radio"/> YES <input type="radio"/> NO		DO YOU HAVE A FORMAL SAFETY PROGRAM? <input type="radio"/> YES <input type="radio"/> NO
DO YOU LEND, LEASE OR RENT TRUCKS OR EQUIPMENT TO OTHERS WITHOUT DRIVERS/OPERATORS? <input type="radio"/> YES <input type="radio"/> NO	DO YOU COMPLY WITH ALL DOT/FMSCA REGULATIONS CONCERNING DRIVER EMPLOYMENT, FILE AND REGULATIONS? <input type="radio"/> YES <input type="radio"/> NO		HAVE YOU OR ANY BUSINESS YOU'VE OWNED EVER FILED BANKRUPTCY? <input type="radio"/> YES <input type="radio"/> NO	DO YOU HAVE A VEHICLE MAINTENANCE PROGRAM? <input type="radio"/> YES <input type="radio"/> NO	DO EMPLOYEES PERFORM ROADSIDE REPAIR/SERVICE? <input type="radio"/> YES <input type="radio"/> NO	DO YOU HAVE A SEATBELT POLICY? <input type="radio"/> YES <input type="radio"/> NO	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT. In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

INSURED SIGNATURE	AGENT SIGNATURE
DATE	DATE