

High Point Underwriters - Truckers Occupational Accident Application



ACCOUNT INFORMATION

Legal Name: _____ [] Individual [] Corporation [] LLC [] Partnership [] Other
Physical Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____ FAX: _____
Email Address: _____ Motor Carrier's EIN#: _____
#Years in Business: _____



BUSINESS INFORMATION:

SAFER: Motor Carrier ID#: _____ Motor Carrier's DOT #: _____

Type of Carrier: [] Common [] Contract [] Private [] Other: _____ LTL % _____ Truckload % _____

Operations:

1. Method of Driver Compensation: [] Mileage [] Revenue [] Hourly [] Trip [] Other (details) _____
2. Backhaul policy is under the control of ACCOUNT [] or at the discretion of the DRIVER [] - Check one
3. Do You haul: Hazardous Waste Material Explosives Flammables Refuse Radioactive Cargo - Check any that apply
4. Does Account allow passengers: YES [] NO [] (If YES, give details) _____
5. List Account Terminal Locations: _____
6. Do You lease out drivers to other Motor Carriers? _____ Yes _____ No
7. Do You allow Passengers? _____ Yes _____ No
8. Are all Contract Drivers required to execute an Independent Contractor Agreement with the Motor Carrier? _____ Yes _____ No

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 & COMMODITIES HAULED

Total # Drivers: _____

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
Team Drivers: _____
Employee Drivers: _____ Paid by W-2 Only

Other Types: Are Casual Laborers or Helpers used? _____ Yes _____ No. If yes, provide details using Casual Laborer Supplemental Application

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 _____



SAFETY INFORMATION

Does the Account have a specified individual who's full-time duty is that of a Safety Director? YES [] NO [] (name: _____)

Does the Account have a current written safety/loss control program: YES [] NO [] - If Yes, please provide the following information:

Who Developed the program? Name: _____
 Years of Experience: _____ When was the program initiated: _____ When was it last updated: _____

Does the safety/loss program address the following items:

Inspections of operations, conditions and vehicles to identify hazards?	YES []	NO []
Frequency of Training of owner operators in safe work practices?	YES []	NO []
Specific owner operator rules?	YES []	NO []

How often are safety meetings conducted: _____ Are Owner/Operators required to attend YES [] NO []

How often are Owner/Operator's MVRs reviewed?: _____

Maximum number of accidents permitted: _____
 Maximum number of violations permitted: _____

What MVR violation would cause Owner/Operator's Lease Agreement to be "inactive" _____



PRIOR INSURANCE PROGRAM AND LOSS INFORMATION

1. Do you have a current Occupational Accident Program for your Independent Contractors? _____ Yes _____ No
2. Who is the current carrier?: _____ What is the Anniversary Date?: _____ Is the Program mandatory? ____ Yes ____ No
3. Have you ever had an Occupational Disease, Cumulative Trauma or Contingent Liability type claim? _____ Yes _____ No
4. Please provide 5 years of currently valued loss information.

Please provide the total annual 1099 settlements and driver counts for the last 5 years:

POLICY TERM	TOTAL PAID AMOUNT OF 1099 SETTLEMENTS	# OF 1099 FORMS ISSUED
CURRENT TERM		
FIRST PERIOD		
SECOND PERIOD		
THIRD PERIOD		
FOURTH PERIOD		

Has an Independent Contractor filed a Workers' Compensation or Contingent Liability Claim in the last 3 Years? ____ YES ____ NO
 If Yes, please provide information on those claims.

Has any prior Workers' Compensation, Occupational Accident, Contingent Liability, or similar coverage been cancelled or non-renewed in the last 3 Years? ____ Yes ____ No. If Yes, please provide information on that program.

ADDITIONAL REQUIRED INFORMATION:

1. Copy of the Lease Agreement & Lease Purchase Agreement (if applicable)
2. Initial Driver Census - include: Name, DOB, and State of Residence



AGENT IDENTIFICATION AND SIGNATURE

Agency Name: _____

City: _____ State: _____ Zip: _____

Agency Contact Person: _____ E-mail: _____

Requested Effective Date: _____

Date Quote Needed: _____

Signature of Applicant/Account: _____

Date: _____

Signature of Producer: _____

Date: _____