



All City Insurance

WORKERS COMPENSATION
TRANSPORTATION SUPPLEMENTAL APPLICATION

Business Name: _____ DOT or MC #: _____

Effective Date _____ Broker Name _____

Historical Payrolls for past 5 years: _____; _____; _____; _____; _____

Have you entered into any contractual agreements that either indemnify or hold harmless another party? _____ If so, please provide detail.

Operations:

Radius: 0-50 miles _____%; 50-150 miles _____%; 150-300 miles _____%; 300-500 miles _____%; Over 500 miles _____%

Percentage of units: Dry Van _____ Reefer _____ Tanker _____ Flat Bed _____ Auto Carrier _____

Other: (please describe) _____

How many of your units do you own _____ lease without operators _____ lease with operators _____?

Table with 5 columns: Type of Cargo Hauled, % Total Receipts, % Manual Material handling or Loading/Unloading, Average Weight Manually Handled / lifted, % Material Handling with the aid of forklifts, pallet jacks, or other mechanical equipment?

Any Hazardous Materials? _____

Do drivers tarp loads? _____

Tankers: Do they Climb on or Clean? _____

Are lumpers used? _____ Who pays lumpers, if so? _____

Is there a maintenance shop? _____ Power tools and equipment guarded? _____ Mechanics How many? _____

Is tire work performed? _____ Are rim restraints used? _____

Is spray painting or body work done? _____ Is an OSHA paint booth used? _____ Is there warehousing of property? _____

Drivers:

How many: Full time drivers? _____ Part time drivers? _____ Owner operators? _____ Do you utilize union labor? _____

Are certificates for O/Os Workers Compensation Coverage required and maintained? _____

Are O/O held to same standards as company drivers _____

How many drivers employed for less than 1 year? _____

How many drivers with less than 3 years driving experience? _____

How are drivers compensated? (Please indicate average rate)

Hourly _____/Hour Mile _____/Mile Salary _____/Week or /Year _____% of Revenue Per Load _____

Have any drivers had any major violations in the past three (3) years? _____

Any combination of three or more moving violations or at fault accidents in the past three (3) years? _____

Safety Practices:

Is there a written safety program that addresses prevention of injuries? _____ Is there a Full Time Safety Director? _____

Is there an orientation program for all employees? _____ Are Safety Incentives a part of Compensation _____

Is there any Reoccurring Training? _____ Describe _____

Is there a written Job Description for all positions? _____

Do driver physicals test beyond DOT requirements for employees' ability to meet physical requirements of job? _____

Is a road test given for all drivers? _____ Are Background Check Conducted? _____

Are drivers trained on Three Point Entry and Exit of vehicles? _____

Are drivers and mechanics required to wear Non-Skid Footwear? _____

Is there a written Seatbelt Policy? _____ Is there a written Speed Policy? _____ Is there a Drug and Alcohol Policy? _____

What actions are taken if these policies are violated? _____

Is there a Return-to-Work program? _____

Please explain the RTW program _____

Are there formal Accident Investigations completed for all injuries? _____

Do employees receive a copy of all written policies? _____

Is there a 401K plan with some matching of contributions? _____

Do more than 50% of drivers participate in Group Medical Plan? _____