

TRUCKING



WORKERS' COMPENSATION SUPPLEMENTAL QUESTIONNAIRE

GENERAL INFORMATION

| | | | | | | | |
|--|---|--|--|-------------|-----------------|--|------------------|
| Company Name | | | | DOT # | | | |
| Year Business Started | | | | Web Address | | | |
| Physical location of each terminal (City and State) | | | | | | | |
| States units are garaged at driver's residence | | | | | | | |
| Can drivers be dispatched from their residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Percentage of hauls that are regular routes | | | | |
| Is there any driving or deliveries outside US? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Percentage of LTL (less than truckload) freight | | | | |
| Are there any businesses owned or operated by applicant other than company listed above? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | List Other Businesses (if any) | | | | |
| If "Yes" above, is there any interchange of labor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| How are drivers paid? | <input type="checkbox"/> Hourly <input type="checkbox"/> Per Mile <input type="checkbox"/> Per Trip <input type="checkbox"/> % of Load <input type="checkbox"/> Other | | | | | Average full-time wage or rate of pay? | |
| Radius of Operation | % < 200 miles | | % 200-300 miles | | % 300-500 miles | | % 500-1000 miles |
| States (or area) other than home base traveled to frequently | | | | | | | |
| Number of driving teams | | | Number of any mechanics or other employees that may fill-in as a truck driver as needed? | | | | |
| Does company owner drive a truck? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is company owner to be included on policy? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EQUIPMENT

| Number of Power Units (Including trucks leased to/from others) | | | | | | | |
|---|---|--|---|-------------------------------------|---|----------|---|
| Conventional | | Straight Trucks | | Dump Trucks | | Wreckers | |
| Cabovers | | Other | | | | | |
| Trailers (Percentage of total annual fleet miles) ** Must Equal 100% ** | | | | | | | |
| Van/Dry Box | % | Intermodal Containers | % | Open-Top Van (chip) | % | Flatbed | % |
| Liquid Tanker | % | Drop/Step-Deck (etc.) | % | Hopper Bottom | % | Reefer | % |
| Dry Bulk | % | Walking Floor | % | Compressed Gas | % | Logging | % |
| Livestock | % | Curtain-Side | % | Auto Transporter | % | Dump | % |
| Other | % | Describe "Other" Types of Trailers | | | | | |
| Do drivers pull any double or triple trailers? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Speed at which trucks are governed? | | | |

COMMODITIES COMMONLY TRANSPORTED

| | | | |
|--|--|---|---|
| List the most commonly transported commodities and the % of total freight that each represents. | | | |
| Does the applicant haul hazardous materials | <input type="checkbox"/> YES <input type="checkbox"/> NO | Percentage of freight categorized as HazMat | % |
| If HazMat freight is transported, list the chemicals transported, the frequency at which they are transported and the personal protective equipment worn by drivers during loading/unloading on page 3 of this document. | | | |

Please submit with [Driver Schedule](#), [Vehicle Schedule](#), [Historical Premiums and Payrolls for the current and prior 3-5 years](#).

HAZMAT FREIGHT OVERVIEW

PLEASE LIST THE 4 MOST FREQUENTLY TRANSPORTED HAZMAT FREIGHT IN EACH CATEGORY

| Chemical Name and UN# | | Approx # Loads/Month | PPE Worn by Driver when Loading/Unloading |
|---|--|---|---|
| CLASS 2 Gases | | | |
| | | | |
| | | | |
| | | | |
| CLASS 3 Flammable Liquid and Combustible Liquid | | | |
| | | | |
| | | | |
| | | | |
| CLASS 4 Flammable Solid, Spontaneously Combustible, | | | |
| | | | |
| | | | |
| | | | |
| CLASS 5 Oxidizer & Organic Peroxide | | | |
| | | | |
| | | | |
| | | | |
| CLASS 6 Poison (Toxic) and Poison Inhalation Hazard | | | |
| | | | |
| | | | |
| | | | |
| CLASS 8 Corrosive | | | |
| | | | |
| | | | |
| | | | |
| Approximate number of total loads per month of any/all freight, including HazMat loads and non-HazMat loads | | | |
| Does the company transport any Class 1 (Explosives) Freight? | | <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" attach a narrative regarding this freight) | |
| Does the company transport any Class 7 (Radioactive) Freight? | | <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" attach a narrative regarding this freight) | |
| Does the company have a written OSHA Hazard Communication Program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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