

# Trucking Supplemental Application



Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_ Tel.#: \_\_\_\_\_ Fax.#: \_\_\_\_\_  
 Website Address: \_\_\_\_\_

Years in business: \_\_\_\_\_ #of Locations: \_\_\_\_\_  
 Description of operations: \_\_\_\_\_  
 Union:  Yes  No If yes, name of Union: \_\_\_\_\_  
 Current number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_ Volunteers \_\_\_\_\_  
 Percent of employee turnover in the last 12 Months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Employee staffing expectation over the next 12 months: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Average hourly wage in Governing Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Clerical Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Average hourly wage in Sales Class: Full time \$ \_\_\_\_\_ Part time \$ \_\_\_\_\_  
 Has the insured ever been in bankruptcy?  Yes  No  
 If yes, Explain \_\_\_\_\_

Are ALL employees eligible Y/N; if no the who? \_\_\_\_\_  

	% paid by employer	% of participation
Group Health <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Paid sick leave <input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement / Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Healthcare provider: \_\_\_\_\_  
 Do you use specific: Clinic \_\_\_\_\_ Physician \_\_\_\_\_ Emergency room \_\_\_\_\_  
 Full time nurse maintained on staff?:  Yes  No  
 CPR training provided?:  Yes  No

Safety program / IIPP compliant with SB 198  Yes  No  
 Return to light duty plan  Yes  No  
 Return to full time modified work plan  Yes  No  
 Designated full time safety director  Yes  No Name: \_\_\_\_\_  
 Safety meetings held for all employees  Yes  No Frequency of meetings: \_\_\_\_\_  
 Safety training for all employees  Yes  No Incentive program for employees  Yes  No  
 Personal protective safety equipment provided  Yes  No  
 Supervisors are held accountable for injuries/accidents  Yes  No  
 Accident investigation program in place  Yes  No

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Employment application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiometric Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Record Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment physical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer labor used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic test (i.e. lead)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary labor used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic back test	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of daily shifts: \_\_\_\_\_

Operation includes driving?  Yes  No Number of authorized drivers \_\_\_\_\_ No. of vehicles \_\_\_\_\_

Types of vehicles driven \_\_\_\_\_

Reason(s) for driving (delivery, sales calls, etc.)? \_\_\_\_\_

Frequency of driving: Daily  Weekly  Other  \_\_\_\_\_

Driving radius: < 50 miles  51-100 miles  101-250 miles  > 250 miles

Frequency of MVY checks \_\_\_\_\_ Participation in CHP Pull program  Yes  No

Driver acceptability standards have been established  Yes  No

Vehicles inspection / maintenance program  Yes  No Frequency \_\_\_\_\_

Vehicle maintenance performed is performed by employees  Yes  No

Employees take vehicles home  Yes  No

**Payroll** Current Year \_\_\_\_\_

1<sup>st</sup> Prior Year \_\_\_\_\_

2<sup>nd</sup> Prior Year \_\_\_\_\_

3<sup>rd</sup> Prior Year \_\_\_\_\_

**Premium** Current Year \_\_\_\_\_

1<sup>st</sup> Prior Year \_\_\_\_\_

2<sup>nd</sup> Prior Year \_\_\_\_\_

3<sup>rd</sup> Prior Year \_\_\_\_\_

Any travel out of state?  Yes  No No.# of employees who travel: \_\_\_\_\_ Frequency: \_\_\_\_\_

Purpose: \_\_\_\_\_

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Type of Authority: a)  Common Carrier  Contract Carrier  Private Brokerage  Exempt

b)  Regular Route  Irregular Route

Carrier Operations:  California Only  Interstate

Length of Haul with Total % = 100%:

Under 50 Miles \_\_\_\_\_%      50 – 200 \_\_\_\_\_%      201 – 300 \_\_\_\_\_%

301 – 500 \_\_\_\_\_%      501 – 1,000 \_\_\_\_\_%      Over 1,000 \_\_\_\_\_%

Filings: DOT# \_\_\_\_\_ PUC# \_\_\_\_\_ DMV/MCP# \_\_\_\_\_  Not Applicable

### Please Check the Questions and Attached the Applicable Data:

Motor Carrier Identification Report, MCS-150?  Attached or  Not Applicable

Cargo Classification:  See attached MCS-150 or  See below (check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> General Freight   | <input type="checkbox"/> Logs, Poles Beams, Lumber | <input type="checkbox"/> Liquids/Gases Grain, Feed, Hay | <input type="checkbox"/> Chemicals          |
| <input type="checkbox"/> Household Goods   | <input type="checkbox"/> Building Materials        | <input type="checkbox"/> Intermodal Containers          | <input type="checkbox"/> Coal, Coke         |
| <input type="checkbox"/> Mobile Homes      | <input type="checkbox"/> Passengers                | <input type="checkbox"/> Metal Sheets, Coils, Rolls     | <input type="checkbox"/> Meat               |
| <input type="checkbox"/> Refrigerated Food | <input type="checkbox"/> Commodities Dry Bullion   | <input type="checkbox"/> Motor Vehicles                 | <input type="checkbox"/> Oilfield Equipment |
| <input type="checkbox"/> Beverages         | <input type="checkbox"/> Machinery, Large Objects  | <input type="checkbox"/> Garbage, Refuse, Trash         | <input type="checkbox"/> Driveway/Towaway   |
| <input type="checkbox"/> Fresh Produce     | <input type="checkbox"/> Livestock                 | <input type="checkbox"/> U.S. Mail                      | <input type="checkbox"/> Paper Products     |
| <input type="checkbox"/> Other _____       |  |   |   |

**Drivers:** a) Number of Drivers \_\_\_\_\_ b) Number of Owner/Operators used \_\_\_\_\_

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators \_\_\_\_\_ %

- Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an Employer for the performance of work: \_\_\_\_\_ %

c) If Owner/Operators used, please attach copy of contract:  Attached or  Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months: \_\_\_\_\_

Number of Owner/Operator with Motor Carrier at least 12 months: \_\_\_\_\_ or  Not Applicable

e) Number of Non-Union: \_\_\_\_\_ Union: \_\_\_\_\_

f) Do the drivers load and unload their trucks? No Yes (please provide detail of the types of materials loaded/unloaded and any equipment used: \_\_\_\_\_)

Is the applicant enrolled in the DMV Pull Program?  Yes  No If so, how often? \_\_\_\_\_

Is the applicant enrolled in the CHP BIT Program?  Yes  No

Total # of Trucks \_\_\_\_\_ # of Trucks with Sleeper Cabs \_\_\_\_\_ Single Trailers \_\_\_\_\_

Double Trailers \_\_\_\_\_ Triple Trailers \_\_\_\_\_

Any trucks / trailers with ramps?  Yes  No If yes, please provide # \_\_\_\_\_

Any trucks / trailers with lift-gates?  Yes  No If yes, please provide # \_\_\_\_\_

Any team driver operations?  Yes  No If yes, please provide details \_\_\_\_\_

If union operations, provide Month / Year of contract renewal: \_\_\_\_\_

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Does insured work within 2 miles of the following building or facilities:

- |   |  |
|---|--|
| Government or Military base:                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial Institutions including national/regional stock exchange | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sport Stadiums/ Arenas and Theme Parks                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Major Bridges, Tunnels or Dams                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities or Power Generation Plants                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation Hubs, Railroads, Airports or Shipping              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic/Symbolic buildings, monuments or parks                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**EXPOSURE INFORMATION – PREMISES – FIX LOCATION – EMPLOYEES**

Total number of employee's: \_\_\_\_\_

State	Location #	Payroll	Total # of Employees	# of Shifts	Maximum # of Employees Per Shift	Type of Building (See List Below)	Year Built	# of Stories	Floors Occupied
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							
		\$							

If additional locations exist please include on a separate form.

Type of Building: (1.) Steel 3 stories or greater (2.) Frame 3 stories or less (3.) Concrete tilt up

- Has the Insured previously participated in a Medical Provider Network?  Yes  No
- Is the insured willing to participate in a Medical Provider Network?  Yes  No

Comments:

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE