

Workers Compensation Supplemental Application For Trucking Operations

Name of Risk: _____

Type of Authority: a) Common Carrier Contract Carrier Private Brokerage Exempt
 b) Regular Route Irregular Route

Carrier Operations: California Only- Where _____ Out of State or both

Length of Haul with Total % = 100%

Under 50 Miles _____ %	50 – 200 _____ %	201 – 500 _____ %	
501-750 _____ %	751 – 1,000 _____ %	Over 1,000 _____ %	

Fillings: DOT# _____ PUC# _____ DMV/MCP# _____ Not Applicable

Please Check the Questions and Attached the Applicable Data:

Motor Carrier Identification Report, MCS-150: Attached 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"/> Liquid/Gases | <input type="checkbox"/> 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"/> Commodities Dry Bullion |
| <input type="checkbox"/> Metal Sheets, Coils, Rolls | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Passengers | <input type="checkbox"/> Meat | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Machinery, Large Objects | <input type="checkbox"/> Oilfield Equipment | <input type="checkbox"/> Garbage, Refuse, Trash | <input type="checkbox"/> Beverages |
| <input type="checkbox"/> Oversize/overweight loads? | <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Livestock | <input type="checkbox"/> U.S. Mail | <input type="checkbox"/> Paper Products |
| <input type="checkbox"/> Other _____ Note: <u>We do not write hazardous material hauling</u> | | | | |

- 1) Number of Trucks/Drivers _____ / _____ Types of Trucks/G V W rating? _____
- 2) Average age of trucks? _____
- 3) Any owner/operators? _____
- 4) Number of Company drivers with Motor Carrier at least 12 Months: _____
- 5) Number of Non-Union: _____ Union: _____
- 6) Do the drivers load and unload their trucks? No
 Yes (please provide detail of the types of materials load/unload, any equipment used and percent of travel) _____
- 7) Any overnight travel? No Yes (please explain the amount of overnight travel) _____
- 8) Indicate states traveled to and frequency _____
- 9) Indicate the amount of travel between midnight and 5 AM and overall percentage of travel? _____
- 10) Are drivers responsible for securing the tarps? If so, do drivers have to climb on top of the vehicle? _____
- 11) Any mechanical tie downs? Yes No
- 12) How are drivers paid? _____
- 13) Does your company have formal methods for the training of drivers in the properties of their cargo and emergency procedures in case of leakage or accidents? _____
- 14) Any loading and unloading operations on a waterfront? (Possible USL&H exposure) Explain in detail _____
- 15) Does the pre-employment process include drug, alcohol, vision and strength testing? _____
- 16) Is regular maintenance conducted on their vehicles? If so who maintains the vehicles? _____
- 17) Any vehicle tracking device? No Yes (What type?) _____
- 18) Does your company have a formal and active fleet safety program? Explain components: _____

Note: Long haul truckers must be medically certified at least every two years. The insured must require their drivers to receive a medical examination every two years. Is this done? _____