



All Risks WC Specialties
Trucking Supplemental Application

Insured Name: _____
 Insured Web Address: _____
 Insured FEIN: _____

PAYROLL/PREMIUM INFORMATION:

| Policy Year | Payroll | Premium |
|-------------|---------|---------|
| 4th Prior | \$ | \$ |
| 3rd Prior | \$ | \$ |
| 2nd Prior | \$ | \$ |
| 1st Prior | \$ | \$ |
| Current | \$ | \$ |

BUSINESS OPERATIONS (Check all that apply):

Common Carrier Contract Carrier Private Brokerage Exempt

Percentage of regular routes: _____% Percentage of irregular routes: _____%

Does insured have a MVR Program? Yes No

Does driver have three or more violations or a major violation in the past three years? Yes No

Does insured principally operate as a freight forwarder or broker? Yes No

Does insured engage in repossession operations, mobile home moving or hauling ammunitions, explosives, hazardous materials, livestock, coal or logs/timber? Yes No

Are more than 10% of the driver's independent contractors? Yes No

What states are employees hired in? _____

Please indicate all states traveled to: _____

Frequency for each state traveled to: _____

Length of Haul (Total Percentage Should Equal 100%)

Under 50 Miles: _____% 51 – 200 Miles: _____% 201 – 500 Miles: _____%
 501 – 750 Miles: _____% 751 – 1,000 Miles: _____% Over 1,000 Miles: _____%

Max radius: _____ miles

CARGO:

Is a Motor Carrier Identification report (MCS-150) attached?

Yes No

Number of power units: _____

Number of drivers: _____

How are drivers paid: _____ What percentage of payroll is based on overtime or double shift work: _____%

Identify the types of trucks used and the number used for each:

Flatbed: _____

Oversize: _____

Bobtail: _____

Dump: _____

Single Trailer: _____

Tanker: _____

Double Trailer: _____

Other (please explain): _____

Average age of trucks: _____

Are there any Owner / Operators?

Yes No

*If yes, please provide # of Owner / Operators: _____

*Please attach proof of coverage.

Do drivers load or unload their trucks?

Yes No

What percentage of trips involve overnight travel: _____%

What percentage of driving occurs between 12:00 am to 5:00 am: _____%

OPERATION QUESTIONS:

Does company have formal methods for training of drivers in the properties of their cargo and in emergency procedures?

Yes No

What percentage of vehicle maintenance is done by employees? _____%

Does the company have a formal and active fleet and safety program?

Yes No

Are long haul drivers required to receive a medical exam every two years?

Yes No

What percentage of your power units have tracking devices installed and utilized (i.e. GPS): _____%

** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify All Risks, Ltd. of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.**

Signature of Applicant: _____

Title: _____

Print Name: _____

Date: _____