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QUESTIONNAIRE – Occupational Accident Insurance

NOTE: There are six sections to this questionnaire. All sections must be completed for questionnaire to be accepted. Questionnaire must be signed.

Submission Checklist

- ☐ Copy of current Occupational Accident Insurance Policy
- ☐ Copy of current Contingent Liability Insurance Policy
- ☐ Loss runs (3-5 years)
- ☐ Historic unit counts to match the loss run term
- ☐ Explanation of losses >$25,000
- ☐ Owner Operator Lease Agreement
- ☐ Equipment Lease Agreement (if applicable)
- ☐ Explanation of SMS scores over threshold/copy of safety manual
- ☐ Driver census listing: Name, Address, DOB

POLICY EFFECTIVE DATE: ___________________________ **QUOTE DUE DATE:** __________________________

Motor Carrier Name*: ____

Street Address: ____

City: ____ State: ______________ Zip: ________________

USDOT Number: ______________________

Contact Person: ____ Title: ______________________________________

Telephone: (______) ______ - ________ Email Address: ____

*If this Questionnaire is being completed for more than one carrier or the above carrier has more than one terminal location, please provide names/addresses below *(Attach a separate sheet, if necessary)*:

Name	**Address**
1. ______________________________	____
2. ______________________________	____
3. ______________________________	____

SECTION I: Motor Carrier Information

1. How many years has the motor carrier been in business? ____________

2. Total number of Independent Contractors: ____________

3. How many Independent Contractors are to be covered under this program? ____________

4. Does the motor carrier haul hazardous materials? ☐ Yes ☐ No

a. If yes**,** what percent of **TOTAL loads** are hazardous materials? _______ %

b. Provide the percent of **TOTAL loads** that are:

Flammable _______ % Fuel _______ % Caustic _______ % Poisonous _______ % Explosive _______ %

5. What is the radius of operation? 0-50 miles _______ % 51-200 miles _______ % 201+ miles ______ %

6. What do drivers haul? ____

7. What percentage of equipment is:

Equipment	Dry Van	Flatbed	Refrigerated	Container	Dump	Tanker	Other
Owned							
Leased							

a. If other, please describe: ____

b. Is equipment leased from the motor carrier or third party? ____

8. Do the drivers load or unload? ☐ Yes ☐ No

a. If yes, what percentage of time? _______ %

9. What percentage of the Independent Contractor hauls is less than load (LTL)? _______ %

10. Are casual laborers or helpers used? ☐ Yes ☐ No

a. If yes, where and how? ____

b. Do laborers/helpers require Occupational Accident insurance? ☐ Yes ☐ No

SECTION II: Driver Information

Minimum Standards for Independent Contractors:

1. What is the minimum age? ____________ What is the maximum age? ____________

2. Is training provided for Independent Contractors? ☐ Yes ☐ No

a. If yes, please describe: ____

____

3. Describe any other criteria for qualifying Independent Contractors: ____

____

____

Indicate number of Independent Contractors by residence:

Owner Operator (OO) is an independent contractor who owns and drives the truck unit.
Contract Driver (CD) is an independent contractor who is paid on a 1099, but drives the truck for another owner.
Fleet Owner (FO) is an independent contractor who has more than one truck under contract to the trucking firm.
Fleet Driver (FD)* is a W-2 paid employee driver of a contracted fleet owner.
*Fleet Drivers are not eligible for Occupational Accident coverage and must be covered under Workers' Compensation.

State	OO	CD	FO	FD
Alabama	_____	_____	_____	_____
Alaska	_____	_____	_____	_____
Arizona	_____	_____	_____	_____
Arkansas	_____	_____	_____	_____
California	_____	_____	_____	_____
Colorado	_____	_____	_____	_____
Connecticut	_____	_____	_____	_____
Delaware	_____	_____	_____	_____
D.C.	_____	_____	_____	_____
Florida	_____	_____	_____	_____
Georgia	_____	_____	_____	_____
Hawaii	_____	_____	_____	_____
Idaho	_____	_____	_____	_____
Illinois	_____	_____	_____	_____
Indiana	_____	_____	_____	_____
Iowa	_____	_____	_____	_____
Kansas	_____	_____	_____	_____
Kentucky	_____	_____	_____	_____
Louisiana	_____	_____	_____	_____
Maine	_____	_____	_____	_____
Maryland	_____	_____	_____	_____
Massachusetts	_____	_____	_____	_____
Michigan	_____	_____	_____	_____
Minnesota	_____	_____	_____	_____
Mississippi	_____	_____	_____	_____
Missouri	_____	_____	_____	_____

State	OO	CD	FO	FD
Montana	_____	_____	_____	_____
Nebraska	_____	_____	_____	_____
Nevada	_____	_____	_____	_____
New Hampshire	_____	_____	_____	_____
New Jersey	_____	_____	_____	_____
New Mexico	_____	_____	_____	_____
New York	_____	_____	_____	_____
North Carolina	_____	_____	_____	_____
North Dakota	_____	_____	_____	_____
Ohio	_____	_____	_____	_____
Oklahoma	_____	_____	_____	_____
Oregon	_____	_____	_____	_____
Pennsylvania	_____	_____	_____	_____
Puerto Rico	_____	_____	_____	_____
Rhode Island	_____	_____	_____	_____
South Carolina	_____	_____	_____	_____
South Dakota	_____	_____	_____	_____
Tennessee	_____	_____	_____	_____
Texas	_____	_____	_____	_____
Utah	_____	_____	_____	_____
Vermont	_____	_____	_____	_____
Virginia	_____	_____	_____	_____
Washington	_____	_____	_____	_____
West Virginia	_____	_____	_____	_____
Wisconsin	_____	_____	_____	_____
Wyoming	_____	_____	_____	_____

	Totals
Owner Operators	_____
Contract Drivers	_____
Fleet Owners	_____
Fleet Drivers	_____

SECTION III: Insurance Plan and Requested Coverage

1. What is the target rate for Occupational Accident Insurance? ____

2. Is a sponsored Occupational Accident coverage currently in force? ☐ Yes ☐ No

   a. If yes, please provide:

Coverage Period	Carrier	Rate	No. of Drivers
_________ to _________			
_________ to _________			
_________ to _________			
_________ to _________			
_________ to _________			

3. Why is this account out to market? ____

A. OCCUPATIONAL ACCIDENT BENEFITS

AD&D	
Death and Dismemberment Benefit	☐ $150,000 ☐ $200,000 ☐ $250,000 ☐ $300,000 ☐ Other $ ________________________________
MEDICAL	
Accident Medical Expense Benefit	☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ Other $ ___________
Maximum Benefit Period	☐ 52 weeks ☐ 104 weeks
Benefit Waiting Period	☐ 7 Days ☐ 14 Days
DISABILITY	
Temporary Total Disability Benefit	☐ $400 ☐ $500 ☐ $600 ☐ Other $ ___________
Permanent Total Disability Benefit*	☐ $400 ☐ $500 ☐ $600 ☐ Other $ ___________

** Claimant must receive Social Security Disability Award to qualify for Permanent Total Disability Benefits*

B. NON-OCCUPATIONAL ACCIDENT BENEFITS

1. Do you wish to add Non-Occupational Accident Benefits to this policy? ☐ Yes ☐ No

   a. Death and Dismemberment Benefit ☐ $7,500 ☐ $10,000 ☐ $15,000 ☐ Other $ _________

   b. Accident Medical Expense Benefit ☐ $5,000 ☐ $10,000 ☐ Other $ _________

C. OPTIONAL COVERAGES

1. Please indicate if you wish to add the following coverages to this policy:

a.	Hernia	☐ $5,000	☐ $10,000	☐ Other $ ____________________
b.	Hemorrhoid	☐ $5,000	☐ $10,000	☐ Other $ ____________________
c.	Passenger Accident	☐ $10,000		
d.	Occupational Disease/ Cumulative Trauma	☐ $5,000	☐ $10,000	☐ Other $ ____________________

D. CONTINGENT LIABILITY COVERAGE

1. Do you wish to add Contingent Liability coverage to this policy? ☐ Yes ☐ No

SECTION IV: Contingent Liability Information (if applicable)

1. Is there currently a Contingent Liability policy or similar coverage in place? ☐ Yes ☐ No

   a. If yes, what is the name of the Insurance Company? ____

2. Has any prior Workers' Compensation, Contingent Workers' Compensation, Contingent Liability or similar coverage been declined, canceled or non-renewed in the past three years? ☐ Yes ☐ No

   a. If yes, please explain: ____

3. Have you ever experienced a loss under Workers' Compensation, Contingent Liability or similar coverage where an Owner-Operator or Contract Driver has sued for employee status? ☐ Yes ☐ No

   a. If yes, please give details of each loss *(Attach a separate sheet, if necessary)*:

   ____

   ____

4. Do the drivers sign Independent Contractor agreements? ☐ Yes ☐ No

5. Is the Independent Contractor responsible for providing the truck? ☐ Yes ☐ No

6. Can the Independent Contractor receive assignments/opportunities from a freight broker or other motor carriers? ☐ Yes ☐ No

Contract Liability Coverage Limits:

Part One of the policy applies to Contract Liabilities incurred as the result of the Workers' Compensation laws.

Part A Limits:

Statutory Limits each person each Accident

Statutory Limits each person each Occurrence

Employers Liability Insurance:

Part Two of the policy limits are:

Bodily Injury by Accident	$1,000,000 /Policy Limit
Bodily Injury by Disease	$1,000,000 /each Accident
Bodily Injury by Disease	$1,000,000 /each Person

SECTION V: Loss Control information

1. Name of Safety Manager: ____

2. Number of years experience in Loss Prevention: _____________________

3. Number of years working with this motor carrier: _____________________

4. Provide a brief description of the Safety Program currently in place (i.e. electronic logbooks, EOBRs, etc.):

____

____

SECTION VI: Producer Information

1. Are you the incumbent broker/broker of record? ☐ Yes ☐ No

2. Are you licensed in the motor carrier's state (if there are multiple terminals, this refers to the motor carrier's address registered with the DOT)? ☐ Yes ☐ No

3. Is the license for: ☐ Accident & Health ☐ Property & Casualty ☐ Both

Questionnaire completed by (print name): ____

Signature: ____

Title: ____ Date: ______________________________

On Behalf of Motor Carrier: ____