

**MIDWESTERN INSURANCE ALLIANCE**  
**WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (TRUCKING)**

P. O. BOX 436909 • LOUISVILLE, KY • 40253-6909 • (502) 429-9990



**GENERAL INFORMATION**

Company Name			
Physical location of each terminal (City and State)	A	D	
	B	E	
	C	F	
States in which units are garaged at driver's residence			
Can drivers be dispatched from their residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Businesses owned or operated by applicant other than trucking submission	
Is there any driving or deliveries in Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Percentage of hauls within 200 mile Radius	%		
Percentage of hauls that are regular routes	%		
Percentage of LTL freight	%		
States (or regional area) other than home base traveled to frequently			

**EQUIPMENT**

Power Units (Including trucks leased to/from others)							
Conventional		Straight Trucks		Dump Trucks		Wreckers	
Cabovers		Other					
Trailers (Percentage of total annual fleet miles)							
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	%
Doubles/Triples	%	Other Types of Trailers (describe)					

**COMMODITIES COMMONLY TRANSPORTED**

What are the most commonly transported commodities	A			% of total freight
	B			% of total freight
	C			% of total freight
	D			% of total freight
Does the applicant haul hazardous materials? (If yes, list below)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of freight categorized as HazMat	%
• Bulk HazMat				
• Packaged HazMat				

**DRIVERS**

Minimum age for new driver		Do driver selection procedures include the following (Check all that apply)			
Number of employee drivers		<input type="checkbox"/> Written Application	<input type="checkbox"/> Written Test	<input type="checkbox"/> MVR Check	<input type="checkbox"/> Driving Test
Minimum experience for new driver		<input type="checkbox"/> Physical Exam Before Hire	<input type="checkbox"/> Interview	<input type="checkbox"/> Drug Test	
Number of "true owner/operators" (own the truck they operate)		Number of "fleet operators" (operate truck owned by other entity)			
• To be included on workers' compensation policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• To be included on workers' compensation policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Certificates of coverage obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	• Certificates of coverage obtained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of 1099 forms issued in previous calendar year		What is the estimated percentage of driver turnover?			%
Number of W2 forms issued in previous calendar year		Describe any recent trends in driver turnover			
Do any mechanics or clerical employees drive a truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of driving teams					

**DRIVER INTERACTION WITH FREIGHT**

Loading or unloading with material handling aids	%	Tarping freight (without tarping mechanical system)	%		
Loading or unloading without material handling aids	%	Load securement using load-locks, bars or straps	%		
Tailgating freight	%	Other (describe)			
Decking or blanket-wrapping	%				
Are lumpers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do lumpers carry workers' compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are certificates obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No

**MAINTENANCE OPERATION**

Truck/Trailer Service and Repair (check all that are appropriate)			
<input type="checkbox"/>	There are no employee mechanics - All truck and trailer service/repair is performed by outside entities)	<input type="checkbox"/>	One or more employees performs <u>most</u> non-warranty service/repair work on company-owned power-units
<input type="checkbox"/>	One or more employees performs preventative maintenance <u>only</u> (brakes, lights, oil, grease, etc)	<input type="checkbox"/>	One or more employees performs service/repair work on company-owned trailers
<input type="checkbox"/>	One or more employees repairs and/or mounts tires	<input type="checkbox"/>	One or more employees performs service repair work on for equipment not owned or operated by the applicant
<input type="checkbox"/>	One or more employees performs roadside repairs	<input type="checkbox"/>	One or more employees performs work that involves tank entry

**GENERAL SAFETY MANAGEMENT**

Are driver safety meetings conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information for on-site loss control consultation	
• Safety meeting frequency		NAME	
Is there a safety-related incentive program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS	
		PHONE	
<i>Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</i>			
Applicant's Signature	Date	Agent's Signature	Date