



TELEPHONE: 800-323-7381 FAX 713-996-1225 EMAIL: ussictransportation@ussic.com

**TRANSPORTATION UNDERWRITING
 QUESTIONNAIRE**

This questionnaire is for the purpose of requesting to act as a Sponsoring Motor Carrier for Accident Insurance for Independent Contractors. It is not an application for insurance or Binder of coverage.

GENERAL/OPERATIONS

1. Name of Motor Carrier: _____ USDOT # _____
 Primary Address: _____ # Yrs. In Business _____
 City: _____ State: _____ Zip: _____ Tax ID#: _____
 Telephone: _____ Fax: _____ Contact Person: _____

2. Commodities Hauled:

Description	1	2	3	4
Commodity				
% Hauled				

3. Type of Vehicles Used:

Type of Vehicle Used	Trailer	Flat Bed	Tanker	Refrig.
% Utilized				

Other (please describe): _____

4. Does Applicant haul, under its operating authority, any HAZMAT? YES [] NO [] If yes, please provide a description of material or chemicals: _____

5. Radius of Operations: _____ Average Length of Haul _____ Miles
 Radius 0-50 Miles _____% Over 200 Miles _____%
 50-200 Miles _____% Maximum Length of Haul _____ Miles

6. Terminal Locations (attach list if needed): _____

7. Does applicant have any Oversized/Overweight or Double Trailer operations Yes [] NO []
 Describe: _____

Percent Oversize/Overweight _____ Percent Double Trailer _____

8. Who arranges for back-hauls? Truckline _____% Drivers _____%
 Under what Authority are back-hauls made? Truckline _____% Drivers _____% Shipper _____%

9. Type of carriage: Truckload _____% LTL _____%

10. Percentage loading/unloading by driver: _____% Describe: _____

DRIVER INFORMATION

For the purposes of this coverage, one of the following definitions will apply to all Drivers:

- **Owner Operator (O/O)** is an independent driver who owns a power unit and is leased to the Motor Carrier.
- **Contract Driver (C/D)** is a driver who drives for an Owner Operator as a 1099 Contractor and NOT an Employee.
- **Teams** are 2 Drivers who are both Owner Operators or Contract Drivers who drive together in the same power unit.

11. Number of drivers:	<u>O/O</u>	<u>C/D</u>	<u>Teams</u>
Currently	_____	_____	_____
Prior Year	_____	_____	_____
2 Years Prior	_____	_____	_____

12. Current Number of Drivers by State (must be completed or census attached)

	<u>O/O</u>	<u>F/O</u>	<u>Teams</u>		<u>O/O</u>	<u>F/O</u>	<u>Teams</u>
AK	_____	_____	_____	MT	_____	_____	_____
AL	_____	_____	_____	NC	_____	_____	_____
AR	_____	_____	_____	ND	_____	_____	_____
AZ	_____	_____	_____	NE	_____	_____	_____
CA	_____	_____	_____	NH	_____	_____	_____
CO	_____	_____	_____	NJ	_____	_____	_____
CT	_____	_____	_____	NM	_____	_____	_____
DE	_____	_____	_____	NV	_____	_____	_____
FL	_____	_____	_____	NY	_____	_____	_____
GA	_____	_____	_____	OH	_____	_____	_____
HI	_____	_____	_____	OK	_____	_____	_____
IA	_____	_____	_____	OR	_____	_____	_____
ID	_____	_____	_____	PA	_____	_____	_____
IL	_____	_____	_____	RI	_____	_____	_____
IN	_____	_____	_____	SC	_____	_____	_____
KS	_____	_____	_____	SD	_____	_____	_____
KY	_____	_____	_____	TN	_____	_____	_____
LA	_____	_____	_____	TX	_____	_____	_____
MA	_____	_____	_____	UT	_____	_____	_____
MD	_____	_____	_____	VA	_____	_____	_____
ME	_____	_____	_____	VT	_____	_____	_____
MI	_____	_____	_____	WA	_____	_____	_____
MN	_____	_____	_____	WI	_____	_____	_____
MO	_____	_____	_____	WV	_____	_____	_____
MS	_____	_____	_____	WY	_____	_____	_____

13. Is Casual Labor used? YES [] NO [] Explain: _____

14. Provide details of minimum standards for contract drivers:

Minimum Age: _____ Maximum Age: _____ # Yrs. OTR Exp. _____
 Maximum number of accidents permitted: _____ (number) in past _____ years
 Maximum number of violations permitted: _____ (number) in past _____ years
 Do you run MVR's? YES [] NO [] Do you review Health History? YES [] NO []
 Describe any other criteria for qualifying independent contract drivers: _____

PLAN INFORMATION/HISTORY

15. Does applicant currently sponsor an Occupational Accident and/or Work Comp plan for its contract drivers? YES NO (If yes, please complete below and attach any loss runs and/or policies/certificates available, include details on all losses over \$25,000)

Coverage Period	Coverage Type/ Insurance Company	Premium	Losses Incurred (including reserves)	Monthly Premium Per Driver

16. Do the Contractors have their own Health Insurance ? Yes No

17. Will the Motor Carrier settle/deduct premiums on behalf of the Contract Driver for this plan? YES NO

18. Will the Occupational Accident Plan be mandatory for all Contract Drivers for the Motor Carrier? YES NO

19. What is Average Annual Gross Settlement per Contractor? _____

20. What is Average Annual Net Settlement per Contractor ? _____

21. Request for specific benefits and coverages to be quoted.

I. Occupational Accident Death & Dismemberment:

\$150,000 \$200,000 \$250,000 \$300,000 Other \$

II. Occupational Accident Medical Expense Coverage:

\$150,000 \$300,000 \$500,000 \$1,000,000 Other \$

III. Temporary Total Disability:

\$300 \$350 \$400 \$450 \$500 \$600 \$700 \$750

IV. Continous Total Disability Benefit: YES NO

(if yes, Temporary Total Disability benefit will be extended and is offset by primary Social Security Disability Award. Claimant must receive Social Security Disability award to qualify for Continous Total Disability benefits.)

V. Non-Occupational Rider: YES NO

VI. Passenger Accident: YES NO

\$50,000 Medical, \$100,000 Medical, \$300,000 Medical

OTHER COVERAGES/POLICIES:

Motor Carriers Contract Liability:

YES NO

LOSS CONTROL/SUPPLEMENTAL

19. Does the Motor Carrier utilize a standard lease agreement for all its contract drivers? YES [] NO []
(If yes, please attach a copy of each contract used.)

20. Does the lease agreement or written procedures require the following of the contract driver?
1. He owns his equipment or holds it under a bonafide lease arrangement? YES [] NO []
 2. He is responsible for the maintenance of the truck. YES [] NO []
 3. He bears the principle burdens of the operating costs, including fuel, repairs, supplies, insurance, and personal expenses while on the road. YES [] NO []
 4. He is responsible for hiring and supervising necessary personnel to operate the truck, who shall themselves be independent contractors or employees of the contract driver. YES [] NO []
 5. His compensation is based on factors related to the work performed including percentage of any schedule or rates of lawfully published tariff and not the basis of time expended YES [] NO []
 6. He is responsible for selecting the method and means of performing the services required by the contract. YES [] NO []
 7. He has entered into an individual written contract with the motor carrier that specifies his relationship to be that of an independent contractor, not an employee of the applicant. YES [] NO []
 8. He Elects to Exclude himself under Work. Comp. YES [] NO []

21. In the past 3 years, has the motor carrier previously defended against a contract driver claiming employee status? YES [] NO [] How many resulted in a Workers' Compensation Award? _____
Details _____

22. Name of person responsible for safety: _____
Number of years with motor carrier: _____ In loss prevention field: _____
Does the motor carrier provide training or safety meetings for independent contractors? YES [] NO []

If yes, please describe: _____

23. Does applicant own, lease, rent or operate a warehouse? YES [] NO [] If yes, please describe: _____

24. Return quote to:

Your Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

25. To the best of my knowledge, the information given is accurate and factual. I understand that this form does not bind any agent, or Administrator to coverage. This is a Quotation Request Form and will not effect any insurance until approved in writing from U.S. Specialty Insurance Company.

Signed _____ Date _____

Please send this completed and signed request to:
USSIC 13403 Northwest Freeway Houston, TX 77040 FAX # 713-996-1225
or Email to ussictransportation@ussic.com