



WORKERS' COMPENSATION
Dedicated to Safety and Service



Workers Compensation Trucking Supplemental Questionnaire

Name of Applicant: _____

FEIN / SSN#: _____

Number of years experience in this field: _____

	YES	NO
Do you transport any hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
Do you have a preventative maintenance program for all vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Explain:		
Do you have a vehicle/fleet maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who does the servicing?		
Outside vendor <input type="checkbox"/>		
In-house mechanics <input type="checkbox"/>		
Any vehicles over 10 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are all drivers over the age of 25?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use owner-operators?	<input type="checkbox"/>	<input type="checkbox"/>
Are owner-operators included in this coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Do you obtain certificates of insurance from owner-operators?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written agreement with owner-operators that identifies them as independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
Do your drivers load their own vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Is loading done mechanically?	<input type="checkbox"/>	<input type="checkbox"/>
Do your drivers tarp their own loads?	<input type="checkbox"/>	<input type="checkbox"/>
Are tarps mechanically operated?	<input type="checkbox"/>	<input type="checkbox"/>
Do drivers secure their own loads?	<input type="checkbox"/>	<input type="checkbox"/>
Do drivers use chains to secure their loads?	<input type="checkbox"/>	<input type="checkbox"/>
Do drivers use straps to secure their loads?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do drivers use ratchet binders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you comply with DOT regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Are prospective drivers CDL licensed?	<input type="checkbox"/>	<input type="checkbox"/>
Are prospective drivers given written tests?	<input type="checkbox"/>	<input type="checkbox"/>
Do you check MVR's before hiring?	<input type="checkbox"/>	<input type="checkbox"/>
Are MVR's checked at least every three months?	<input type="checkbox"/>	<input type="checkbox"/>
If no, how often? _____		
Do you have written employment guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please provide a sample copy.		

ADDITIONAL COMMENTS:

List the products hauled _____

List the physical location of each terminal (street, city, state: _____

_____ How many vehicles go over 200 miles? _____

What % operations is over 200 mile radius? _____

Total number of power units: _____ Total number of trailers: _____ Total number tanker trailers: _____

Do you pay by 1099's or W-2's? _____

Signature of Applicant: _____

Title of Applicant: _____

Date: _____

Signature of Agent: _____

Date: _____