

## OCCUPATIONAL ACCIDENT QUOTE REQUEST Owner/Operator Trucking Program

Submitting Producer: \_\_\_\_\_

GENERAL INFORMATION: Effective Date \_\_\_\_\_

Additional Coverage(s) Requested:  Limited Non-Occupational Benefits  
 Motor Carriers Contingent Indemnity Insurance

Exact name and address of Motor Carrier:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Federal Identification Number \_\_\_\_\_ # of Years in Business: \_\_\_\_\_

Sole Proprietor  Partnership  Corporation  Other

Description and scope of operations: \_\_\_\_\_

Motor Carrier is:  Common  Contract  Private  Exempt  Regular  Irregular

Does the Motor Carrier utilize a standard Lease Agreement for all of its Contract Drivers?  Yes  No  
*If yes, please attach a copy.*

**SCHEDULE OF EQUIPMENT OPERATED:**

Type of Trailer used (i.e., dry van, reefer, flat bed, etc.):	% of Total or Total #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CARGO DESCRIPTION:**

Commodity	% of Total
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you load and/or unload freight?  Yes  No % loaded: \_\_\_\_\_ % unloaded: \_\_\_\_\_

Do you haul hazardous materials?  Yes  No If yes, explain & describe materials: \_\_\_\_\_

Do you haul double trailers?  Yes  No If yes, give % used in operations: \_\_\_\_\_

**RADIUS OF OPERATIONS:**

Radius	Percentage	No. of Power Units Operated
0 to 50 miles	_____	_____
50 to 200 miles	_____	_____
200 to 500 miles	_____	_____
500 or more miles	_____	_____

What is your average length of haul: \_\_\_\_\_ miles

**DRIVER INFORMATION:**

Number of drivers by state:

State:	# of Drivers:	State:	# of Drivers:	State:	# of Drivers:

Age of drivers:      Number of drivers under 25:      Number of drivers over 65:

**PRIOR LOSS EXPERIENCE:** Provide the following information for the current and past (3) policy periods:

	Current	Prior Year	Previous Year	Previous Year
<b>Insurance Carrier</b>				
<b>Policy Effective Dates</b>				
<b>Premium</b>				
<b>Losses Incurred</b>				

Comments on prior loss experience (give details on large losses): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

This is a quotation request form and will not effect any insurance until approved by the company or its representatives. This form does not bind any agent or insurance company to coverage. The agent and motor carrier hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; and (b) the company will rely solely on the information provided in this quote request form, along with any attached data, in considering whether to provide the requested insurance coverage.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_