

# **Alabama Trucking Association Workers' Compensation Fund**

**P. O. BOX 241605  
MONTGOMERY, AL 36124**

**Telephone: (334) 834-7911  
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## **Motor Carrier Application**

A *Complete* ATA Workers' Compensation Fund Motor Carrier Application will allow us to offer you the most *Competitive* quote on your workers' compensation coverage.

**Account Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Requested Quote Date:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

**DOT #:** \_\_\_\_\_

**NCCI Rating #:** \_\_\_\_\_

# Motor Carrier Insurance Application

## Workers' Compensation Underwriting Information Required

This *completed* ATA Workers' Compensation Motor Carrier Application - ALL FORMS are needed for the most competitive program that we can offer:

1. Fleet Equipment Listing: Current equipment schedule indicating owned or leased, and owner-operator units indicating any units sold and leased back by the Motor Carrier, or a commonly owned or related company.
2. Workers' Compensation: Provide the estimated payroll breakdown by classification and code with an attached *complete* copy of the last four (4) quarterly payroll tax returns. (Include: State Unemployment Tax Form(s) and Federal 941 Tax Form)
3. Driver Listing: Provide a complete list of drivers indicating company drivers and owner-operators, showing full name, date of birth, drivers license number, state issuing license and date of hire.
4. Owner-operator Contract: If applicable, provide a copy of Motor Carrier's contract with owner-operators.
5. Estimated Gross Revenue for upcoming coverage contract term.
6. Most recent copy of the Motor Carrier's financial statements. (Audited financial statements, if available)
7. Copy of written employee manual and safety program.
8. Copy of driver hiring procedures.
9. Commodities carried by percentage of revenue and by shipper.
10. Complete address of all terminals, offices, etc.
11. Four (4) year company workers' compensation loss runs valued within the last 30 days. A brief description should be included for losses over \$25,000.
12. A *complete* copy of the expiring and upcoming new coverage term experience modification factor worksheet.
13. **Exposure history (4/5 years) – IMPORTANT TO COMPLETE THIS SECTION.**

Coverage Term	Total Road Units		Total # Drivers	Company Driver Payroll
	Owned	Owner-Operators		

# Motor Carrier Insurance Application

Agency:

Producing Agent:

Address:

Marketing Contact:

Phone #:

Fax #:

Name of Applicant:

Street Address:

Mailing Address:

Phone #:

Fax #:

Contact Person & email address for Payroll Audits and Accounting Records:

Contact Person & email address for Billing Invoicing and Accounts Payable:

Contact Person & email address for Loss Control/Safety Inspections:

How long in business?

List all subsidiaries and affiliates:

List all named insureds:

Corporation       Partnership       LLC       Individual

Common Carrier       Contract Carrier       Private Carrier

Flatbed Operation       Van Operation       Tank Operation       Dump Operation

# Motor Carrier Insurance Application (Continued)

Description of business operations:

## City and State of Terminal Locations (attach list if more than eight):

1.	2.
3.	4.
5.	6.
7.	8.

## Principal Officers:

President:	Vice-President:
Second Vice-President:	Treasurer:
Secretary:	Safety Director:
Operations Manager:	Financial Manager:

Others/Titles:

Company has been under current management since:

## Operating Information

Average annual miles put on a single tractor: Miles

Average length of haul: Miles

Radius of operation (percentage)

Trailer Breakdown (# units each type):

<50 miles	%	Dry Van	Units
50 to 200 miles	%	Flatbed	Units
200 to 500 miles	%	Tank	Units
500 to 750 miles	%	Refrigerated	Units
>750 miles	%	Other	Units

Maximum length of haul: Miles

Do you use driver teams?  Yes  No How many?

Do you haul doubles?  Yes  No Do you haul triples?  Yes  No

Do you, for compensation, arrange for the transportation of property by other motor carriers?  Yes  No

Do you have brokerage authority?  Yes  No

Under same name?  Yes  No Percentage of brokerage under same name: %

Are certificates of insurance on file and up to date on all brokered loads?  Yes  No

Describe control on brokered loads:

Do you enter into Trip Lease Agreements?  Yes  No What percentage of revenue? %

Do you rent or lease to others?  Yes  No

With Drivers?  Yes  No

Long term?  Yes  No

Trip?  Yes  No

List all companies to whom you lease:

## Operation Information (Continued)

### Terminal Exposures

	Location Address	24 Hour Guard?	Fenced?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Commodities Hauled

	Commodity	Percentage of Gross Revenue	Major Shipper
1.			
2.			
3.			
4.			
5.			
6.			

Do you haul any electronic goods, cigarettes, alcohol, tires, or other high value cargo?  Yes  No

If yes, list:

Is cargo-carrying equipment provided with alarm system?  Yes  No

Red label materials hauled?  Yes  No

Garbage hauled?  Yes  No

Does applicant haul containerized cargo?  Yes  No If yes, what percent? %

Do you operate warehouses?  Yes  No

If yes, are you requesting a quote for the warehouse operations?  Yes  No

# Driver Information and Hiring Standards

(Attach Driver List with date of hire, date of birth, driver's license number, and state issuing license.)

Required amount of over-the-road experience for new hires:

Miles:                      Years:                      Minimum driver age requirements:

Total number of drivers:

Employees:                      Owners/Operators:                      Sub haulers:

Within past year, number of drivers:

Hired:                      Terminated:

What is your driver turnover ratio?:

Percent of drivers, employed:

<2 years:                      %                      4 – 6 years:                      %  
2 - 4 years:                      %                      >6 years:                      %

Wages are based on:

Hours                       Miles                       Revenue                       Trips

Average driver annual pay:

How often do drivers get home?

Available bonuses (please specify amount and type, e.g., Fuel, Safety):

### Do your driver selection procedures include the following?:

Written application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MVR check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical before hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who administers driver-hiring process?

## Driver Information and Hiring Standards (Continued)

### Does driver indoctrination include the following?:

- Familiarization with equipment?  Yes  No
- Familiarization w/routes?  Yes  No
- Procedures for accident reporting?  Yes  No
- Training in handling commodities?  Yes  No
- Familiarization with company rules?  Yes  No

Length of new hire training program?

Required for owner/operators?

### Complete this section if owner/operators are used:

- Permanent/exclusive lease agreement?  Yes  No If yes, attach copy.
- Trip lease agreement?  Yes  No If yes, attach copy.
- Equipment inspected by insured?  Yes  No
- Subject to insured's hiring standards?  Yes  No
- Driver files maintained by insured?  Yes  No



## Maintenance

Maintenance Manager:

Years with firm in this position:

Years in maintenance field:

Number of full-time maintenance personnel?

Do you have a written maintenance program?  Yes  No (Attach copy.)

Maintenance Program is provided for:  Company Vehicles  Owner/Operators  Others

Vehicle maintenance is:  Internal (Engine)  External (Body)  Both

What is the nature of the work performed?

Do you have your own:

Parts department?  Yes  No

Body shop?  Yes  No

Service bays?  Yes  No

Controlled inspection reports?  Yes  No

Are there pre/post trip inspections?  Yes  No

Is owner/operator subject to same maintenance program as owned equipment?  Yes  No

If no, explain:

What records are kept on each vehicle?

Do you have a vehicle replacement policy?  Yes  No

Describe:

Do you have a tire replacement policy?  Yes  No

Describe:

Do you use retreads?  Yes  No

Explain:

If you do not have your own Maintenance Repair Facility, describe the Maintenance Program for owned and owner/operator equipment:

## Safety

(Attach Copy of Safety Program)

Safety Director:

Years with firm:

Years in Safety:

Reports To:

Percent of Time Devoted to Safety Activities:

Describe duties (hiring, recruiting, safety, & compliance):

Do you have a safety award program?  Yes  No

Describe:

How often are driver safety meetings held?

Are safety meetings mandatory?  Yes  No

If no, please explain:

Is there a program in place for dealing with drivers who have accidents?  Yes  No

If yes, please describe or attach:

Do you have your own response plan for spills and accidents?  Yes  No

If yes, please describe or attach:

Do drivers carry a copy of the material safety data sheet with hazardous loads?  Yes  No  N/A

Do you have a speed policy?  Yes  No

Explain:

What is your policy regarding Authorized Guest Passengers?

## Safety (Continued)

Are all owner/operators required to carry workers' compensation or minimum limits of occupational accident coverage?  Yes  No

Describe minimum limits:

Are certificates on file?  Yes  No

Do your driver files include the following?:

Application?  Yes  No

Reference check?  Yes  No

MVR?  Yes  No

Copy of license?  Yes  No

Safety awards?  Yes  No

Accident review?  Yes  No

List of convictions?  Yes  No

Interview results?  Yes  No

Written test results?  Yes  No

Road test results?  Yes  No

Training record?  Yes  No

Disciplinary warnings?  Yes  No

Physical exam results?  Yes  No

Are driver files updated annually including new MVRs?  Yes  No

How often are files reviewed and by whom?

Explain what disciplinary action is taken when drivers develop unacceptable records?

Any current drivers with citations for DWI, DUI, or Reckless Driving?  Yes  No

If yes, list the citations by driver.

# General Supplement

## Business Locations:

(List all office, terminal, warehouse, or other premises you own or lease. Attach additional sheets if necessary.)

	Complete Address	Describe Function of Location	Total # Employees	Owned or Leased
1.				
2.				
3.				
4.				
5.				
6.				

Describe security provided at each location (i.e. fenced, security guard, alarm system, guard dogs, etc):

## General Information

Is applicant involved in any business activity other than trucking?  Yes  No

Describe:

Any operations sold, acquired, or discontinued in last five (5) years?  Yes  No

If yes, explain:

Does applicant sell any product either wholesale or retail?  Yes  No

If yes, describe:

Does applicant lease property or mobile equipment to others?  Yes  No

If yes, explain:

## General Supplement (Continued)

Does applicant do any rigging?  Yes  No

If so, provide receipts, type of equipment, and describe type of jobs performed:

Does applicant do work on other than company-owned equipment?  Yes  No

If yes, provide # of vehicles at any one time, and describe type of work performed:

Any watercraft, docks, floats owned, hired, or leased?  Yes  No

If yes, describe:

Does applicant have any underground or aboveground storage facilities?  Yes  No

If yes, provide capacity, type of products stored:

Recreation facilities provided?  Yes  No

If yes, describe:

Sporting or social events sponsored?  Yes  No

If yes, describe:

Any medical facilities provided or doctors employed/contacted?  Yes  No

If yes, describe:

Any structural alterations contemplated?  Yes  No

If yes, describe:

What are your company's vision, plans, and areas of growth for the next two to five (2-5) years?

# Workers' Compensation Supplement

Federal Employer ID #:

Your Current Experience Modification:

(Please attach your expiring and upcoming new experience modification worksheet.)

## Rating and Payroll Information:

(Attach additional sheets if needed.)

State	Class Code	Classification	# Employees	Payroll

What is your mechanic's payroll? \$

# Employees?

Is this payroll and # of employees included in above Class Codes 7228 or 7229?  Yes  No

What is owner-operator payroll? \$

# Owner-Operators?

Is this owner-operator payroll and # of drivers included in above Class Codes 7228 or 7229?  Yes  No

Is workers' compensation or occupational accident coverage required for owner-operators?  Yes  No

Who loads and unloads freight?  shipper  motor carrier

Does motor carrier break load and/or consolidate freight?  Yes  No

Any employees under 16 years of age?  Yes  No Over 60 years of age?  Yes  No

Any part-time or seasonal employees?  Yes  No

Is there any volunteer or donated labor?  Yes  No

Any employees with physical handicaps?  Yes  No

Are athletic teams sponsored?  Yes  No

Are physicals required after offers of employment are made?  Yes  No

Are employee health plans provided?  Yes  No

Is there a labor interchange with any other business/subsidiary?  Yes  No

Do you lease employees to or from other employers?  Yes  No

**Important** - Attach sheet showing the following information: officer name, title, % ownership, duties, workers' compensation class code, INCLUDE OR EXCLUDE from coverage, and annual compensation.

## Underwriting Information

**If these questions are Yes, explain below:**

Has your insurance been canceled or non-renewed in the last 5 years?  Yes  No

If yes, explain.

Have you filed for Bankruptcy or Chapter 11 in the last 5 years?  Yes  No

If yes, explain.

Do you ever haul noxious, caustic, toxic, flammable or explosive commodities?  Yes  No

If yes, explain.

Do you haul any waste?  Yes  No

If yes, explain.

Any interline, intermodal or interchange arrangements?  Yes  No

If yes, explain.

### **Important - Read Before Signing:**

I, the undersigned, represent that information stated in this application is true and correct, to the best of my knowledge, and understand that the coverage will be issued subject to review and to insurability.

Any person, who knowingly and with intent to defraud any company or other person, files an application for coverage containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act which is a crime.

**Broker's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_