

Transportation WC Supplemental Please complete, sign and return to your Falls Lake Underwriter.							
Applicant Information							
Named Insured:		Date I	orm Comple	ted:			
Entity Type:		Form	Completed B	y:			
Years of Operation:		Safety	Manager:				
State(s) of Operation:		Safety	Manager Em	nail:			
DOT Number:		Safety	Manager Ph	one:			
Website:							
1. Total Driver Count: Total Vehicle Count: 2. How many drivers are: Direct Employees (W-2): Contracted (1099): 3. How many Owner-Operators does the applicant employ? 4. Are Owner-Operators required to be covered under their WC policy? Yes No 5. Does the applicant confirm Owner-Operators have valid WC insurance? Yes No 6. Describe the type(s) of commodities hauled. (aggregate, lumber, livestock, etc.)							
7. Does the applicant pe	erform packing operations?	Yes	No				
	8. Do drivers perform loading/unloading?						
• •	9. Does the applicant have mechanics on staff?						
• •	ansport hazardous materials?	Yes	No				



Identify Radius of Operations:				
0 – 50 miles	%			
51 - 100 miles	%			
101 – 250 miles	%			
251 - 500 miles	%			
500+ miles	%			
Total	%			

Type of Trailer(s) Used:	
Flatbed	%
Dump-Belly	%
Dump-End	%
Tank-Liquid	%
Tank-Dry	%
Van Trailer	%
Refrigerated	%
Auto Hauler	%
Livestock	%
Logging	%
Other	%
Total	%

Waste and Refuse Haulers (if applicable)

11. Is there any residential curbside trash collection?	Yes	No
12. Any operation of landfills or waste transfer stations?	Yes	No
13. Do employees regularly exit truck to load refuse?	Yes	No
14. How many employees regularly ride in a single truck?		

% of Operations Performed:				
Commercial Collection	%			
Residential Collection	%			
Industrial Collection	%			
Other	%			
Total	%			

Towing Services (if applicable)

16. Identify the types of vehicles towed (i.e. passenger vehicles, tractor-trailers):						
17. Does the applicant perform repossession services?	Yes	No				
18. Does the applicant haul equipment?	Yes	No				

Non-Emergency Medical Transport (if applicable)

- 19. Does the applicant perform any emergency transportation? Yes No
- 20. Describe the vehicles used to transport clients: (i.e. vans, ambulance)______
- 21. Does insured provide any medical care?
- 22. Does the isured utilize licensed EMT's?

Risk Management - Select all that apply

Written applications used at hire?	Yes	No	Written safety program?	Yes	No
Formal Training/Orientation?	Yes	No	Regular documented safety meetings?	Yes	No
Pre-employment drug screenings?	Yes	No	Formal vehicle maintenance program?	Yes	No
Post-accident drug testing?	Yes	No	Early return to work program?	Yes	No
Cell phone policy?	Yes	No	Recurring MVR checks?	Yes	No
Pre-hire physical exams?	Yes	No	Progressive discipline plan?	Yes	No
GPS / Speed monitoring?	Yes	No	Logbook / Hours of Service checks?	Yes	No
PPE provided?	Yes	No	Accident investigation program?	Yes	No

Representation

Amynta Work Comp Solutions

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME and VA, insurance Benefits may also be denied.)

THIS DOCUMENT MUST BE SIGNED

Amynta Work Comp Solutions does not recognize Occupational Accident Insurance as a form of Workers' Compensation coverage

Date of Completion:		
Applicant Signature:	 	
Applicant Title:	 	-
Agent Signature:		