



**Transportation WC Supplemental**

*Please complete, sign and return to your Falls Lake Underwriter.*

**Applicant Information**

Named Insured:		Date Form Completed:	
Entity Type:		Form Completed By:	
Years of Operation:		Safety Manager:	
State(s) of Operation:		Safety Manager Email:	
DOT Number:		Safety Manager Phone:	
Website:			

**General Exposures**

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.)

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7. Does the applicant perform packing operations?            Yes        No
  8. Do drivers perform loading/unloading?                    Yes        No
  9. Does the applicant have mechanics on staff?             Yes        No
  10. Does the applicant transport hazardous materials?    Yes        No

    o If yes, please list materials hauled: \_\_\_\_\_





**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**

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: \_\_\_\_\_