

QUESTIONNAIRE – Transportation Insurance Program

NOTE: There are 4 sections to this questionnaire. All sections must be completed for questionnaire to be accepted.

SECTION I: Policyholder Information

Motor Carrier Name*: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Telephone: _____ Fax No: _____
 Email address: _____ USDOT Number: _____

* If this Questionnaire is being completed for more than one insured or the above insured has more than one location, please provide:

Please complete the following:

- Number of years in business: _____
- Number of Independent Contractor Drivers to be covered: _____
 How many are Owner-Operators? _____ How many are Contract Drivers? _____
Please provide a copy of the most current drivers list.
- Average annual miles per driver: _____
- Radius of operation: 0-50 miles ____% 50-200 miles ____% 200+miles ____%
- Max length of haul: _____ miles
- What do drivers haul? _____
- Percentage of equipment: Box ____% Flatbeds ____% Tankers ____% Refrigerated ____%
 Container ____% Dump ____%,
 Other (describe) _____ %

Please provide a copy of the most current equipment list for the Independent Contractor Drivers to be covered, including the named or registered owner of each listed piece of equipment.

- Do the drivers load or unload? Yes No If yes, what percentage of time? ____%
- Do the drivers sign an independent contract? Yes No
If yes, provide a copy of the agreement.
- Is the driver responsible for providing the truck? Yes No
- Is the driver responsible for the operating costs of the truck, including fuel, repairs, supplies, physical damage insurance and personal expenses? Yes No
- Is the driver responsible for hiring and supervising the necessary personnel to operate the truck? Yes No
- Is the driver responsible for determining the time, means, and method of performance of the assignment? Yes No
- Is the driver responsible for maintenance of the truck? Yes No
- How are the drivers compensated?*** _____
- Do you have employee drivers? Yes No If yes, how many? _____
- Do drivers sign Owner-Operator Lease Agreements? Yes No
If yes, provide a copy of the Lease Agreement.

- Do you lease Contract Drivers from fleet operations? Yes No
If yes, how many? _____
- Do you utilize Contract Drivers operating Company equipment? Yes No
If yes, how many? _____
- Do you require that the Contract Drivers submit an application or enrollment form to you? Yes No
- Do you lease out drivers to other motor carriers? Yes No
If yes, to whom and how many? _____
- Are Casual Laborers or Helpers used? Yes No
If yes, where and how? _____
- Do you provide light or restricted duty for drivers? Yes No
If yes, describe: _____
- Terminal locations (attach list if needed): _____

- Indicate number and type of drivers by state of residence:

Definitions:

Owner-Operator (OO) is an Independent Contractor (paid on a 1099) who owns and drives the truck unit.

Contract Driver (CD) is an Independent Contractor (paid on a 1099) who drives the truck for another owner.

<u>OO</u>	<u>CD</u>		<u>OO</u>	<u>CD</u>		<u>OO</u>	<u>CD</u>	
_____	_____	Alabama	_____	_____	Louisiana	_____	_____	Oklahoma
_____	_____	Alaska	_____	_____	Maine	_____	_____	Oregon
_____	_____	Arizona	_____	_____	Maryland	_____	_____	Pennsylvania
_____	_____	Arkansas	_____	_____	Massachusetts	_____	_____	Puerto Rico
_____	_____	California	_____	_____	Michigan	_____	_____	Rhode Island
_____	_____	Colorado	_____	_____	Minnesota	_____	_____	South Carolina
_____	_____	Connecticut	_____	_____	Mississippi	_____	_____	South Dakota
_____	_____	Delaware	_____	_____	Missouri	_____	_____	Tennessee
_____	_____	District of Columbia	_____	_____	Montana	_____	_____	Texas
_____	_____	Florida	_____	_____	Nebraska	_____	_____	Utah
_____	_____	Georgia	_____	_____	Nevada	_____	_____	Vermont
_____	_____	Hawaii	_____	_____	New Hampshire	_____	_____	Virginia
_____	_____	Idaho	_____	_____	New Jersey	_____	_____	Washington
_____	_____	Illinois	_____	_____	New Mexico	_____	_____	West Virginia
_____	_____	Indiana	_____	_____	New York	_____	_____	Wisconsin
_____	_____	Iowa	_____	_____	North Carolina	_____	_____	Wyoming
_____	_____	Kansas	_____	_____	North Dakota			
_____	_____	Kentucky	_____	_____	Ohio	_____	_____	TOTALS

- Provide details of minimum standards for Owner-Operators:

Minimum age: _____ Maximum age: _____

Minimum prior experience as an Owner-Operator: _____

Minimum prior experience driving similar equipment: _____

Maximum number of accidents permitted: # _____ in past _____ years

Maximum number of violations permitted: # _____ in past _____ years

Do you provide training for the Owner-Operator? Yes No

Describe any other criteria for qualifying Owner-Operators: _____

- Has an Owner-Operator or Contract Driver filed a Workers' Compensation claim in the past three (3) years? Yes No

If yes, what was the disposition of such claim(s): _____

- Provide information about Safety and Loss Control

Name of safety manager: _____

Number of years experience in loss prevention: _____ Number of years working with motor carrier: _____

Provide details of in force safety program: _____

- Please indicate the situs state where the **Policyholder's** contract is to be issued: _____
- Please indicate whether you have shipping contracts with hold harmless and/or indemnification language:
Yes _____ No _____ If yes, list accounts: _____
- Please indicate whether you require waiver of subrogation on any accounts: Yes _____ No _____
If yes, please list the accounts: _____

****Please provide a copy of the standard settlement statement provided to the drivers.**

SECTION II: Insurance Plan Design

A. OCCUPATIONAL ACCIDENT BENEFITS: request specific benefits and coverages per Accident to be quoted

1. **Death and Dismemberment Benefit:** \$150,000 \$200,000 \$250,000
 \$300,000 other \$ _____

2. **Accident Medical Expense Benefit:** \$300,000 \$500,000 \$1,000,000
 other \$ _____

Maximum Benefit Period: 52 weeks 104 weeks
 Hernia Hemorrhoid other _____

3. **Temporary Total Disability Benefit:** \$400 \$500 \$600 other _____
 Benefit Waiting Period: 7 days 14 days
 Maximum Benefit Period: 52 weeks 104 weeks

4. **Continuous Total Disability Benefit:** \$200,000 \$300,000 other _____
 (Claimant must receive Social Security Disability Award to qualify for Continuous Total Disability Benefits)

- Does the motor carrier's lease agreement require the owner operator to purchase Occupational Accident?: Yes No Workers Compensation?: Yes No
- Is there sponsored Occupational Accident coverage in force now? Yes No

If yes, provide copy of the policy and fill out chart below.

If yes, who is the carrier? _____ What is the in-force rate? \$ _____

Coverage period	Coverage type/ Insurance type	Premium Los ses incurred (include reserves)	Number of drivers	Monthly premium per driver

If no, how is coverage being addressed?: _____

Experience: Please provide: (1) the last three (3) years of Occupational Accident coverage loss runs. The losses should present detailed medical and indemnity claims both reserved and paid; and (2) a complete description of injury and circumstances of any loss to an Owner-Operator involving death, dismemberment, or TTD/CTD losses in excess of \$25,000.

B. NON-OCCUPATIONAL ACCIDENT BENEFITS: Yes No **request specific benefits and coverages to be quoted**

1. **Death and Dismemberment Benefit:** \$7,500 \$10,000 \$15,000 other \$_____

2. **Accident Medical Expense Benefit:** \$5,000 \$10,000 other \$_____

C. CONTINGENT LIABILITY: Yes No

• Is the Broker licensed in the situs state for Surplus lines? Yes No

If yes, please provide license number: _____

• Is there a current Contingent Liability policy in force? Yes No

If yes, complete the chart :

Insured name	Policy number	Term	Expiring rate	State of domicile

• Has any prior workers' compensation, contingent workers' compensation, contingent liability or similar coverage been declined, cancelled, or non-renewed in the past three years? Yes No

If yes, please explain _____

• Has there ever been a loss under workers' compensation, contingent liability, or similar coverage where an owner-operator or contract driver has been deemed an employee?: Yes No

If yes, please provide the details of each loss:

Date	Description	Amount of loss

• Have there been any citations for any Occupational Safety and Health Administration (OSHA) violations in the last five years? Yes No

If yes, please provide the details: _____

Experience: Please provide the last three (3) years of Contingent Liability coverage loss runs.

D. OTHER COVERAGES:

Passenger Accident: Yes No If yes, a separate Passenger Accident Questionnaire must be completed.

SECTION III: Producer Information ***

Agent/Broker: _____ Name of Firm: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Producer Number: _____ Commission: _____

Email: _____

• Broker of Record for this risk? Yes No

• Is Broker licensed in contract situs state? Yes No

• Is the license a: resident license non-resident license

• Is the license for: Accident & Health Property & Casualty Both

NOTE: THIS QUESTION MUST BE ANSWERED FOR QUESTIONNAIRE TO BE CONSIDERED:

Is the Broker licensed in the situs state for Surplus lines? Yes No

If yes, please provide license number: _____

*****If you are a new agent for OneBeacon, you will need to complete a new agent appointment profile.**

SECTION IV: Signature

Questionnaire completed by: _____ (print name)

Title: _____
(Risk manager or the person responsible for insurance procurement)

Signature: _____

On Behalf of Motor Carrier: _____ Date: _____