



QUESTIONNAIRE – Courier Program

SECTION I: Policyholder Information

Courier Company 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 or terminal location, please provide:

Please complete the following:

- Number of years in Courier business: _____
- Are you engaged in any other type of business? Yes No
If yes, what type and how long? _____
- Have you had any tax liens or bankruptcy within the last five years? Yes No
If yes, please explain: _____

Services Provided

- Please provide a % of each:
Super Express (<5hrs): _____% Express (same day): _____% Overnight Delivery: _____%
- Please answer Yes or No:
Pkgs.>50lbs: Yes No Heavy Equipment: Yes No On-site Storage: Yes No
Hazardous Material: Yes No
If you answered yes to hazardous material, what type? _____
- Do Courier Drivers make: Bank runs: Yes No Postal runs: Yes No

Equipment Used

- Please Specify % of Equipment:
Private Pass. Auto: _____% Small Step Vans: _____% Panel Trucks/Vans: _____%
Heavy Trucks: _____% Tractor Trailer: _____% Other: _____%

Drivers Average Daily Radius

<15 miles: _____% 16-50 miles: _____% 51-75 miles: _____% 76-100 miles: _____% >100 miles: _____%

Provide the following information about your Courier Company’s Operations as they pertain to the use of Courier Drivers:

- Does the Courier Driver sign a Formal Agreement? Yes No
If yes, please supply a copy of that Agreement.
- Is the Courier Driver required to submit an application or enrollment form to the Courier Company? Yes No
- Do you require Courier Drivers to punch a time clock when they arrive or leave? Yes No

- Do you require all Courier Drivers to wear uniforms/identification badges? Yes No
- Do you provide body harness' for lifting large/heavy boxes? Yes No
- Are Courier Drivers allowed to refuse/reject a delivery if they so choose? Yes No
- Are Courier Drivers allowed to choose their own sequence or method in which deliveries are made? Yes No
- Is the Courier Driver responsible for maintenance of the truck? Yes No
- Do you require an updated MVR for all new Courier Drivers? Yes No
- Do you re-check MVRs on an annual basis? Yes No
- Describe how your Courier Drivers are compensated? _____
 - Do you set the rate of pay? Yes No
If yes, explain _____
 - Do you pay or reimburse the Courier Driver for expenses such as fuel, tolls, vehicle repairs, maintenance, insurances? Yes No
If yes, explain _____
- Do you maintain authority to insure all customer requirements are carried out by the Courier Driver even if he/she agreed to the requirements at the time his/her services were engaged? Yes No
If yes, provide details _____
- Do you prohibit the Courier Driver from participating in the process of resolving customer complaints? Yes No
If yes, provide details _____
- Do you require the Courier Driver to display the company name or customer name on the vehicle at all times even when not on assignment? Yes No
If yes, provide details _____
- Do you provide manifests free of charge? Yes No
If yes, provide details _____
- Do you establish earlier deliver/pickup time frames than those required by the customer, or if no time frame was established by the customer, do you specify a time frame to the Courier Driver? Yes No
If yes, provide details _____
- Is the Courier Driver required to keep in communication with you while on route for purposes beyond relaying information from your customer to the Courier Driver or beyond your customer's request regarding status of delivery? Yes No
If yes, provide details _____
- Do you require attendance at training or orientation sessions for issues other than those required by government agencies such as the use of communications equipment, proper completion of paperwork, or your customer policies and/or procedures? Yes No
If yes, provide details _____
- Do you require the Courier Driver to perform services personally? Yes No
If yes, provide details _____
- Do you provide substitute or replacement drivers? Yes No

- Do you obtain accident reports and keep them in the Courier Driver's file? Yes No
- Do you carry Hired/Non-Owned Auto Insurance? Yes No
- Do you restrict the Courier Driver from performing courier service for any of your customers upon termination of the relationship between the parties? Yes No
- Do you provide light or restricted duty for Courier Drivers? Yes No
If yes, describe: _____
- Are Casual Laborers or Helpers used? Yes No
If yes, where and how? _____
- Are subcontractors used? (give % of work subcontracted) Yes No
If yes, where and how? _____
- Do you lease out Courier Drivers to other entities? Yes No
If yes, to whom and how many? _____
- Does your Courier Company have Contract Drivers*? Yes No
(* a Courier Driver that does not own or lease a vehicle)
If yes:
 - Do Contract Drivers have a formal written agreement? Yes No
If yes, please attach a sample copy.
 - Are Contract Drivers paid on a 1099 basis? Yes No
 - Do Contract Drivers secure vehicles from the Courier Company? Yes No
- Does your Courier Company have Employee Courier Drivers? Yes No
If yes, how many? _____
- Indicate number of Courier Drivers by state of residence:

| | | |
|---------------------------|---------------------|---------------------|
| ____ 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 | ____ TOTAL |

Employee and Courier Driver Exposures:

| | W-2 | | 1099 Courier Driver | |
|----------------------------|-----|-----|---------------------|-----|
| | F/T | P/T | F/T | P/T |
| # of Office Personnel: | | | | |
| # of Dock/Stock workers: | | | | |
| # of Maintenance workers: | | | | |
| # of Courier - Auto: | | | | |
| # of Courier - Bicycle: | | | | |
| # of Courier - Motorcycle: | | | | |
| # of Courier - Foot: | | | | |

Provide details of minimum standards for Courier Drivers:

- Minimum age: _____ Maximum age: _____
- Minimum prior experience as a Courier Driver: _____
- Minimum prior experience driving similar equipment: _____
- Maximum number of accidents permitted: # _____ in past _____ years
- Maximum number of violations permitted: # _____ in past _____ years
- Describe any other criteria for qualifying Courier Driver: _____
- Has a Courier 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 your Courier Company: _____
- Provide details of in force safety program: _____

- Are you willing to work with OneBeacon safety recommendations, if so required? Yes No

NOTE: Please indicate situs state where the Policyholder's contract is to be issued: _____

SECTION II: Insurance Plan Design

A. OCCUPATIONAL ACCIDENT BENEFITS:

1. **Death and Dismemberment Benefit:** \$150,000 maximum
2. **Accident Medical Expense Benefit:** \$500,000 maximum
 Maximum Benefit Period: 104 weeks

3. **Temporary Total Disability Benefit:** \$500 per week maximum
 Benefit Waiting Period: 7 days
 Maximum Benefit Period: 104 weeks
4. **Continuous Total Disability Benefit*:** \$100,000 maximum
 (*Claimant must receive Social Security Disability Award to qualify for Continuous Total Disability Benefit)

Will Occupational Accident coverage be: voluntary compulsory
 Is there sponsored Occupational Accident coverage in force now? Yes No
If yes, provide a 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 | Losses 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 a Courier Driver involving death, dismemberment, or TTD/CTD losses in excess of \$25,000.

B. CONTINGENT LIABILITY*: Yes No

1. **Workers' Compensation Benefits:** \$2,000,000 per Accident
2. **Employer's Liability:** \$100,000 per Bodily Injury by Accident (each Accident)
 \$500,000 per Bodily Injury by Disease (Policy Limit)
 \$100,000 per Bodily Injury by Disease (each Covered Person)

* Contact OneBeacon for information on any limits and/or restrictions that may apply.

- Is there currently a Contingent Workers' Compensation policy, a Contingent Liability policy, or similar coverage in force? Yes No
If yes, please 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 a Courier 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.

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 Courier: _____ Date: _____