



Great American Insurance Company  
 580 Walnut Street  
 Cincinnati, OH 45202  
 513.369.5000

**TRUCKING PROGRAM**

**OCCUPATIONAL ACCIDENT INSURANCE PARTICIPATING MOTOR CARRIER APPLICATION**

Contracting carrier information: \_\_\_\_\_ Requested effective date: \_\_\_\_\_  
 Carrier name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ State: \_\_\_\_\_  
 Address: \_\_\_\_\_ Motor carrier #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Commodities hauled: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Do drivers haul hazardous material: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Hauling Area (state, nat'l, etc): \_\_\_\_\_  
 Total # of drivers to be covered: \_\_\_\_\_ # of years in business: \_\_\_\_\_  
 Company contact: \_\_\_\_\_ Do drivers load/unload: \_\_\_\_\_

Coverage Plan Selection: Plan A :  Plan B:  Plan C:  Plan D:

**Prior Loss History:**

Please detail any claim against the Motor Carrier by a contract driver for negligence and/or Workers' Compensation Coverage and/or Occupational Accident Insurance Coverage (within the last 3 years): Attach current dated loss runs for the last three years and your OSHA logs for this period. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hazardous Material Information:**

Please detail any Hazardous Material hauled, and identify any contract driver that has been physically affected by this material within the last 5 years: Attach MATERIAL SAFETY DATA SHEETS for all hauled Hazardous Materials and a copy of your HAZMAT plan.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach a sample lease agreement used when contracting Owner Operators and Contract Drivers.

**I hereby certify that the information given by me in support of this application is valid and correct, and I understand that:**

Any insurance resulting from this application shall be subject to the terms and provisions of the contract herein applied for. Insurance shall become effective on the date specified in this application if the underwriting requirements of the company have been met and the required premiums paid, whether or not the Certificate of Insurance has been issued and delivered.

This is not a contract of Statutory Workers' Compensation Insurance and neither I, the Carrier, nor my drivers become participants in the Workers' Compensation system by purchasing this insurance.

Application Date: \_\_\_\_\_ Motor Carrier: \_\_\_\_\_  
 Management Representative: \_\_\_\_\_  
 Management Signature: \_\_\_\_\_