



## Small Truckers Occupational Program Underwriting Questionnaire

**EMAIL THIS COMPLETED FORM TO: [ussictransportation@ussic.com](mailto:ussictransportation@ussic.com)**

*This questionnaire is for the purpose of requesting to act as a Sponsoring Motor Carrier for Accident Insurance for Independent Contract Owner Operators. It is not a Binder of coverage. Coverage is subject to approval by US Specialty Insurance Company*

**1. MOTOR CARRIER:**

Motor Carrier Name:	USDOT#:
Contact Person:	Tax ID #:
Street Address:	Yrs. In Business:
City / State / Zip:	
Terminal Locations: (attach a list if necessary)	

**2. COMMODITIES HAULED / EQUIPMENT USED / MATERIAL HANDLING:**

Description	Item #1	Item #2	Item #3	Item #4
Commodity				
% Hauled	____%	____%	____%	____%

Does Applicant haul, under its Operating Authority, any HAZMAT?  Yes  No

If Yes, please Provide Description of Material or Chemicals:

Types of Vehicles Used	Intermodal / Dry Van	Refrig. / Dump Truck	Tanker / Flatbed	Other - Describe
% Utilized	____% / ____%	____% / ____%	____% / ____%	↓

Percent Oversized / Overweight \_\_\_\_%      Percent Double-trailer Operations: \_\_\_\_%

Loading / Unloading \_\_\_\_%      Tarping / Strapping Loads: \_\_\_\_%      Connecting Hoses / Pumps: \_\_\_\_%

**3. RADIUS OF OPERATIONS:**

<b>Radius</b>	0 – 50 Miles      ____%	Over 200 Miles      ____%
	50 – 200 Miles      ____%	Average Length of Haul ____ Miles

Type of Carriage: Truckload \_\_\_\_%      LTL \_\_\_\_%

**4. EXPOSURE INFORMATION:**

Number of Owner Operators By State

AL	AR	AZ	CA	DE	DC	FL	GA	IA	ID	IL	IN	KY

MD	MI	MO	MS	MT	NE	NM	OH	OK	TN	TX	UT	VA	WI

Is Casual Labor used?  Yes  No

Are Teams used?  Yes  No

Explain:

Provide Details of Minimum Standards for Drivers:

Minimum Age: \_\_\_\_\_

Maximum Age: \_\_\_\_\_

Minimum Commercial Truck Driving Experience: \_\_\_\_\_ Years

Maximum Number of Accidents Permitted: \_\_\_\_\_ (Number) in the Past \_\_\_\_\_ Years

Maximum number of violations permitted: \_\_\_\_\_ (Number) in the Past \_\_\_\_\_ Years

Do you run MVR's?  Yes  No

Do you check DOT Physicals ?  Yes  No

Describe any other Criteria for Qualifying Drivers:

**5. PRIOR COVERAGE HISTORY:**

Does Applicant currently Sponsor an Occupational Accident and/or Workers' Comp Plan?  Yes  No

If Yes, please complete below and attach any Loss Runs and Explanation for Losses over \$25,000

Coverage Period	Coverage Type / Insurance Company	Premium	Losses Incurred (Include Reserves)	Monthly Premium Per Person
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Will the Occupational Accident Plan be mandatory for all Contract Drivers of the Motor Carrier?  Yes  No

In the past 3 years, has the Motor Carrier previously defended against a Contract Driver claiming Employee Status?  Yes  No

How many resulted in a Workers' Compensation Award?

**6. LEASE AGREEMENT AND SAFETY:**

Does the Motor Carrier utilize a standard Lease Agreement for all of its Contract Drivers?  Yes  No *If Yes, please attach a copy of each contract used.*

Does the Motor Carrier provide Training or Safety Meetings for Independent Contractors?  Yes  No *If Yes, please describe:*

Does the Applicant own, lease, rent or operate a warehouse?  Yes  No *If Yes, please describe:*

**Return Quote To:**

Name:			
Company:			
Street Address:	City:	State:	Zip:
Telephone:	Fax:		

To the best of my knowledge, the information given is accurate and factual. I understand that this form does not bind any Agent, Carrier or Administrator to coverage. This is a Quotation Request Form and will not effect any insurance until approved in writing from U.S. Specialty Insurance Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date