



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