



Allied American Underwriters  
 AAU Comp Division  
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### WORKERS COMP FOR TRUCKING SUPPLEMENTAL QUESTIONNAIRE

Applicant Name and Mailing Address:

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

Agency Name and Mailing Address:

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

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. List the products the Applicant hauls:

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

2. Does the Applicant transport hazardous materials? \_\_\_\_\_ % of Hazardous Materials  
 \_\_\_\_\_ % of Non-Hazardous Materials

3. Terminals:

a. List physical location of each terminal (Include City, State, and Zip):

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

b. List all states where units are garaged at drivers residence:

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

-If any, can driver be dispatched from residence? Yes No

4. Scope of Operation:

a. List all states: \_\_\_\_\_  
 \_\_\_\_\_

b. List routine shipping points: \_\_\_\_\_  
 \_\_\_\_\_

c. Any driving or deliveries in the State of Florida? Yes No

5. Maintenance:

a. Describe the age and condition of vehicles:

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

b. Describe the maintenance schedules performed on equipment:

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

6. Routes: \_\_\_\_\_ % Regular \_\_\_\_\_ % Irregular

7. Radius: \_\_\_\_\_ % 0-200 Miles \_\_\_\_\_ % Over 200 Miles

8. Drivers: \_\_\_\_\_ % Single Drivers \_\_\_\_\_ % Co-Driver Teams

9. Does the Applicant lease owner operators? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, are the owner operators included on the policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, does the carrier obtain Workers Compensation Certificates of Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

*NOTE: We do not recognize Occupational Accident insurance policies as a substitute for Workers Compensation coverage. You will be charged for uninsured drivers.*

10. Total Number of Power Units?

Indicate number of each type:

Tractor-conventional	_____	Dump Trucks	_____
Tractor-cabover	_____	Wreckers	_____
Straight Trucks	_____	Other	_____

11. Number and type of trailers? (Or type of bed for Straight Trucks)

Flatbeds	_____	Reefer	_____
Lowboys	_____	Open Top Van (chip)	_____
Tankers(bottom load)	_____	Dump Trailer	_____
Tankers (top load)	_____	Container	_____
Tankers (with baffles)	_____	Logging	_____
Tankers (no baffles)	_____	Pole	_____
Dry Box	_____	Other	_____

12. What percentage of the Applicant's deliveries are Less Than Load (LTL)? \_\_\_\_\_ % LTL

13. What percentage of the Applicant's drivers Load their vehicles? \_\_\_\_\_ %  
Of those, what % is: \_\_\_\_\_ Manual Loading \_\_\_\_\_ Mechanical Loading  
Do they use lumpers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are lumpers insured? Yes \_\_\_\_\_ No \_\_\_\_\_

14. What percentage of the Applicant's drivers tarp their own loads? \_\_\_\_\_ %  
Of those, what % is: \_\_\_\_\_ Manual Tarping \_\_\_\_\_ Mechanical Tarping

15. What percentage of the Applicant's drivers secure their own loads? \_\_\_\_\_ %

16. Identify Applicant's Auto Liability Carrier:

\_\_\_\_\_

17. Estimate the Applicant's annual percentage of driver turnover: \_\_\_\_\_

18. Estimated total number of drivers during the previous calendar year: \_\_\_\_\_

Number of 1099 forms issued for previous calendar year: \_\_\_\_\_

Number of W2 forms issued for previous calendar year: \_\_\_\_\_

*Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI,DC,PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for purpose of defrauding the insurer or any other person. Penalties include imprisonment and or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

