

NAME: _____ FEIN/SSN: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE URL: _____

1. Detailed description of operations (List of items being hauled): _____

2. Any prior coverage? Yes No If so, forward any loss runs for the last 5 years

3. Have you ever had Worker's Comp coverage under another name? Yes No If yes, please explain: _____

4. Years in business: _____

5. Written Safety Program in place? Yes No

6. Written Drug Testing Policy in force? Yes No

7. Are all employees LA Residents? Yes No If no, please explain: _____

8. Are all employees US Citizens? Yes No If no, please explain: _____

9. List all states where work is performed: _____

a. % of work performed **OUTSIDE** of Louisiana _____

10. Total number of employees (including 1099 workers): _____

11. How are employees paid? W-2 1099 Check Cash Other Explain Other: _____

12. Is any work sub-contracted? Yes No

a. What % of work is sub-contracted? _____

b. Do all subs have Workers Comp Insurance? Yes No

c. Does the insured attempt to use the same sub-contractors for all jobs? Yes No

13. Max radius of travel: _____

14. Number of trucks: _____

15. List name of each driver: *(A copy of each driver's MVR is required for quoting)* _____

16. List VIN for each truck: _____

17. Are any hazardous materials being hauled? Yes No If yes, please explain: _____

18. Any manual loading or unloading? Yes No

19. Do drivers bring trucks home after shifts? Yes No

20. Is there a Return to Work/ Light Duty policy in place? Yes No If yes, please explain: _____

21. Are drivers required to have physicals? Yes No If yes, how often? _____

22. US DOT or MC/MX Number: _____

Signature of Applicant: _____ Date: _____