WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Transportation & Logistics Risk Assessment

GENERAL INFORMATION

APPLICANT / BUSINESS NAME

DBA (IF APPLICABLE)

PHYSICAL TERMINAL / GARAGE ADDRESS

MAILING ADDRESS (IF DIFFERENT)

DOT #

MC #

FEIN

POLICY TERM — FROM

POLICY TERM — TO

CONTACT PERSON FOR INSURANCE / AUDITS

TITLE

PHONE

EMAIL

1. EMPLOYEE CLASSIFICATION & ESTIMATED ANNUAL PAYROLL

Please allocate your estimated annual W-2 gross payroll and employee counts across the categories below that best reflect their primary duties. If employees perform multiple or split duties, assign them to their primary role and provide details in Section 7 for classification review. For 1099 independent contractors, report their estimated annual compensation in the Owner-Operator row. We will review the applicable treatment for workers' compensation purposes. (Note: NCCI class codes are provided for reference only; final classifications are determined by governing state bureaus and underwriter review of actual job duties.)

JOB DESCRIPTION	NCCI CODE	FULL-TIME (#)	PART-TIME (#)	EST. ANNUAL PAYROLL / COMP
Dispatcher / Office Staff	8810			$
Outside Sales Representatives	8742			$
CDL Driver (Local / Regional / OTR)	7219			$
Delivery Driver (Non-CDL / Box Truck)	7230			$
Owner-Operators (1099)	7219			$
Dockworker / Freight Handler	7219 / 8292			$
Yard Hostler / Trailer Spotter	7219			$
Diesel Mechanic / Heavy Repair Tech	8380			$
Tire / Lube Tech & Wash Bay	8380			$
	—			$

GROUP HEALTH INSURANCE

Does the company provide employer-sponsored major medical health insurance to drivers and field employees? ☐ Yes ☐ No

If Yes, estimated % of eligible employees enrolled: _____ %

DRIVER COMPENSATION METHOD

How are company drivers compensated? (Check all that apply)

☐ Hourly ☐ Per Mile ☐ % of Load ☐ Salary ☐ Per Stop

OFFICER, PARTNER & OWNER SCHEDULE

Indicate all corporate officers, LLC managing members, partners, or sole proprietors.

#	LEGAL NAME	CORPORATE TITLE	% OWNED	PRIMARY DUTIES	COVERAGE ELECTION
1			%		☐ Include ☐ Exclude
2			%		☐ Include ☐ Exclude
3			%		☐ Include ☐ Exclude
4			%		☐ Include ☐ Exclude
5			%		☐ Include ☐ Exclude

2. OPERATING PROFILE & GEOGRAPHY

OPERATING RADIUS (% OF TOTAL DISPATCH MILEAGE)

Local (0–50 mi): _____ % Intermediate (51–200 mi): _____ % Long Haul (201+ mi): _____ %

BASE / DISPATCH STATE(S)

ALL OTHER STATES DRIVEN THROUGH

Do any drivers operate in Monopolistic States (OH, ND, WA, WY)? ☐ Yes ☐ No

Do you employ or run two-person driving teams? ☐ Yes ☐ No

COMMODITIES HAULED

PRIMARY FREIGHT HAULED

Do you haul any of the following? (Check all that apply)

☐ Hazardous Materials (Placarded) ☐ Raw Timber / Logs ☐ Livestock / Live Animals
☐ Class 1 Explosives ☐ Oversize / Overweight Loads ☐ None of the Above

3. FLEET & FREIGHT HANDLING EXPOSURES

ACTIVE EQUIPMENT COUNT

TRACTORS	STRAIGHT / BOX TRUCKS	CARGO / SPRINTER VANS	TRAILERS

FREIGHT HANDLING (% OF LOADS)

100% No-Touch / Drop & Hook: ____ % Driver Loading / Unloading: ____ % Lumpers Utilized: ____ %

Maximum weight an employee is required to manually lift: ____ lbs

Is material-handling equipment provided to drivers on trucks? (Check all that apply)

☐ Manual Pallet Jacks ☐ Electric Pallet Jacks ☐ Hand Trucks ☐ Liftgates ☐ None

Does the applicant operate a warehouse or cross-dock facility storing goods of others? ☐ Yes ☐ No

4. DRIVER HIRING & SAFETY SCREENING

MINIMUM AGE	MINIMUM YEARS PRIOR CDL EXPERIENCE	MAX MOVING VIOLATIONS ON MVR (3 YRS)	MAX AT-FAULT ACCIDENTS ON MVR (3 YRS)

PRE-EMPLOYMENT & ONGOING SCREENING PROCEDURES

☐ Pre-Employment Drug Screen ☐ Random / Post-Accident Drug Testing ☐ FMCSA Clearinghouse Full Queries

☐ Criminal Background Checks ☐ Annual MVR Checks ☐ Pre-Hire Road Test Administered

Estimated annual driver turnover rate: ____ %

5. 1099 OWNER-OPERATORS & SUBCONTRACTORS

Do you utilize 1099 independent contractors or owner-operators? (If No, skip to Section 6) ☐ Yes ☐ No

TOTAL NUMBER OF ACTIVE 1099 OWNER-OPERATORS

Are 1099 drivers required by written contract to carry their own coverage?

☐ Mandatory Workers' Compensation ☐ Mandatory Occupational Accident (Occ Acc) ☐ No mandatory coverage required

Do you maintain signed Independent Contractor agreements with all 1099 drivers? ☐ Yes ☐ No

Do you collect and track current Certificates of Insurance (COIs) prior to dispatch? ☐ Yes ☐ No

6. SAFETY, CLAIMS & MAINTENANCE PROGRAMS

DESIGNATED SAFETY DIRECTOR NAME	TITLE

Are documented driver safety meetings held? ☐ Yes ☐ No

Does the company have an active, written Return-to-Work policy for injured workers? ☐ Yes ☐ No

VEHICLE & EQUIPMENT MAINTENANCE

☐ 100% Sublet / Outside Vendor ☐ In-House Mechanics (Shop on premises) ☐ Combination of In-House and Sublet

Is there a written policy strictly prohibiting unauthorized passengers in power units? ☐ Yes ☐ No

7. ADDITIONAL OPERATIONAL NOTES & DUTY EXPLANATIONS

Please use the space below to detail any employees who perform split duties, describe any unusual cargo handling or terminal operations, explain seasonal payroll fluctuations, or provide any other context that will help us present your risk accurately to underwriters.

The undersigned declares that the statements herein are true and complete to the best of their knowledge and may be relied upon by TruckShield and prospective insurers in the evaluation and underwriting of this risk.

APPLICANT SIGNATURE **DATE**

PRINTED NAME **TITLE**