



Application Supplemental Trucking Operations

Application/Policy #: _____

The Idaho State Insurance Fund provides workers compensation coverage for Idaho-based workers. Injury claims will be paid in accordance with Idaho workers compensation laws. Workers injured while working in other states may not be covered under an Idaho State Fund policy. Other jurisdictions may have requirements for workers compensation coverage in their states. Workers hired in other states may not be covered under an Idaho State Fund policy. Therefore, if you are going to have workers in other states, multi-state coverage from a private carrier may be a better option for you. If you wish to proceed to apply for coverage with the Idaho State Insurance Fund, please provide the information requested below.

GENERAL INFORMATION			
Company Name:		US DOT / MC #:	
Physical location of each terminal (City & State):			
Under whose Hauling Authority will your company operate?			
Who pays for the Commercial Auto or Trucking insurance for each of your vehicles?	List any customers you will primarily be hauling for:		
Any driving or deliveries outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Power Units (Including trucks leased to/from others)?	
If Power Units are leased, to (from) whom?			
States (or area) other than home base traveled to frequently:			
States of residency for drivers (employee & owner/operators):			
States where units are garaged at driver's residence:			
Number of driving teams?		Number of any mechanics, clerical or other employees who fill in as a truck driver as needed?	

EQUIPMENT							
Trailers (Percentage of total annual fleet miles) ** <i>Must Equal 100%</i> **							
Van/Dry Box	%	Intermodal Containers	%	Open-Top Van (chip)	%	Flatbed	%
Liquid Tanker	%	Drop/Step-Deck (etc.)	%	Hopper Bottom	%	Reefer	%
Dry Bulk	%	Walking Floor	%	Compressed Gas	%	Logging	%
Livestock	%	Curtain-Side	%	Auto Transporter	%	Dump	%
Other	%	Describe "Other" Types of Trailers:					

MAINTENANCE OPERATIONS (CHECK ALL THAT ARE APPROPRIATE)			
<input type="checkbox"/>	There are no employee mechanics – All truck and trailer service/repair is performed by outside entities	<input type="checkbox"/>	One or more employees perform(s) roadside repairs
<input type="checkbox"/>	One or more employees perform(s) preventive maintenance <u>only</u> (brakes, lights, oil, grease, etc)	<input type="checkbox"/>	One or more employees perform(s) work involving tank entry
<input type="checkbox"/>	One or more employees repairs and/or mounts tires	<input type="checkbox"/>	One or more employees perform(s) service repair work on equipment not owned or operated by the applicant
	Tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMODITIES COMMONLY TRANSPORTED			
List the most commonly transported commodities and the % of total freight that each represents.			
Do you haul hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of freight categorized as HazMat	%
If HazMat freight is transported, list the chemicals transported, the frequency at which they are transported and the personal protective equipment worn by drivers during loading/unloading and emergency response on page 3 of this document.			

DRIVERS

Minimum experience required:			
Number of W2 forms issued in previous calendar year:		Number of 1099 forms issued in previous calendar year:	
Number of "true" owner/operators (own the truck they operate):		Number of "fleet operators" (operate truck owned by your entity):	
Are owner/operators (subcontractors) to be included on this workers compensation policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are certificates of workers compensation coverage obtained for owner/operators?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written agreement with owner/operators that identifies them as independent contractors? (If "Yes", attach a specimen copy of the agreement)			<input type="checkbox"/> Yes <input type="checkbox"/> No

INJURY PREVENTION/RISK MANAGEMENT

	Yes	No	N/A		Yes	No	N/A
Drivers use material handling aids for moving freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers tailgate freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading racks are used for filling tankers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanker ladders used for filling tankers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical systems used for tarping freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Load locks, straps, or chains used for securing freight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers involved with decking and/or blanket wrapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers use electronic Hours of Service logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets or non-employee passengers allowed in vehicle while in transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light/modified duty provided to limit claim costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a footwear policy in place and is it enforced? (If "Yes", describe below):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fall prevention equipment installed and used? (If "Yes", describe below):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers involved with loading/unloading of livestock? (If "Yes", describe below; include type of livestock and safety procedures):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you investigate accidents and injuries? (If "Yes", describe how below):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe your company's policy regarding texting/cell phone use while driving:							
Describe your overall company strategy for preventing work-related injuries:							

Contact information for company Safety Director:			
NAME		PHONE	
E-MAIL ADDRESS			
<i>Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance 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.</i>			
Applicant's Signature		Date	
Agent's Signature		Date	



HAZMAT FREIGHT OVERVIEW

PLEASE LIST THE 5 MOST FREQUENTLY TRANSPORTED HAZMAT FREIGHT IN EACH CATEGORY

	Chemical Name and UN#	Approx # Loads/Month	PPE Worn by Driver when Loading/Unloading & During Emergency Response
CLASS 2 Gases			
CLASS 3 Flammable Liquid and Combustible Liquid			
CLASS 4 Flammable Solid, Spontaneously Combustible.			
CLASS 5 Oxidizer & Organic Peroxide			
CLASS 6 Poison (Toxic) and Poison Inhalation Hazard			
CLASS 8 Corrosive			

Approximate number of total loads per month of any/all freight, including HazMat and non-HazMat loads

Does the company transport any Class 1 (Explosives) Freight? Yes No (If "Yes", attach a narrative regarding this freight.)

Does the company transport any Class 7 (Radioactive) Freight? Yes No (If "Yes", attach a narrative regarding this freight.)

Does the company have a written OSHA Hazard Communication Program? Yes No