


Trucking Supplemental Questionnaire

We provide workers' compensation coverage for Idaho-based workers. Workers hired in other states or injured while working in other states may not be covered under a SIF 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 still wish to apply for coverage with us, please provide the information requested below and we will consider if our Other States Coverage program is appropriate for your circumstances.

General Information			
Business 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):	
Who are Power Units leased to or from?			
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 residences:			
Number of driving teams:		Number of mechanics, clerical or other employees who fill-in as drivers as needed	

Equipment							
Trailers (Percentage of total annual fleet miles) ** Total must equal 100% **							
Van/Dry Box	%	Intermodal Containers	%	Open-Top Van (chip)	%	Flatbed	%
Liquid Tanker	%	Drop/Step-Deck (etc.)	%	Hopper Bottom	%	Refrigerated	%
Dry Bulk	%	Walking Floor	%	Compressed Gas	%	Logging	%
Livestock	%	Curtain-Side	%	Auto Transporter	%	Dump	%
Other	%	Other Types of Trailers (and please describe):					%

Maintenance Operations			
(Please 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 roadside repairs
<input type="checkbox"/>	Mechanical repairs or equipment maintenance is performed other than pre- trip or post-trip inspections?	<input type="checkbox"/>	One or more employees perform work involving tank entry
<input type="checkbox"/>	One or more employees repair and/or mount tires	Tire cage used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> One or more employees perform service repair work on equipment not owned or operated by the applicant

Commodities Commonly Transported			
List the most commonly transported commodities and the % of total freight that each represents. (Total must equal 100%)			
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 on page 3 the chemicals transported the frequency at which they are transported and the personal protective equipment worn by drivers during loading/unloading and emergency response.		

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

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Injury Prevention/Risk Management							
	Yes	No	N/A		Yes	No	N/A
Drivers use material handling aids for moving freight				Drivers tailgate freight			
Loading racks are used for filling				Tankers filled using tanker ladder			
Mechanical systems used when tarping freight				Load locks, straps, or chains used for securing freight			
Drivers involved with decking and/or blanket wrapping				Drivers use electric Hours of Service Logs			
Pets or non-employee passengers allowed in vehicle while in transit				Light/modified duty provided to limit claims costs			
Does your company have a footwear policy in place and is it enforced? (If Yes, please describe below):							
Is fall prevention equipment installed and used? (if Yes, describe below):							
Are drivers involved with loading/unloading of livestock? (If Yes, describe below; include the type of livestock and safety procedures):							
Do you investigate accidents and injuries? (If Yes, provide details below):							
Describe below your company's policy regarding texting/cell phone use while driving:							
Describe below your overall company strategy for preventing work-related injuries:							

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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?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" attach a narrative regarding this freight)	
Does the company transport any Class 7 (Radioactive) Freight?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" attach a narrative regarding this freight)	
Does the company have a written OSHA Hazard Communication Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Contact information for company Safety Director:	
Name:	Phone:
Email Address:	
Applicant's Signature	Date: