

# SUPPLEMENTAL APPLICATION

Contact Name/Number: \_\_\_\_\_

## INSURED

Name:		# of Employees:
Eff Date:	FEIN:	Yrs. of Experience
Yrs in business:	# of Locations:	Entity Type:
Hours of operation:	Contact Name & Title:	
ContactPhone:	Contact Email:	
Description of Operations:		
Does insured have majority ownership in any other businesses?: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
Out of state exposure: <input type="checkbox"/> YES <input type="checkbox"/> No If Yes, list the states:		
Foreign Travel: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees: _ <input type="checkbox"/> N/A	Any work in monopolistic states? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percent of employee turnover in the last 12 months:	Full-time	Part-time
Employee staffing expectation in the next 12 months:	Full-time	Part-time

## BENEFITS

Who is eligible: <input type="checkbox"/> All Employees <input type="checkbox"/> Others Please explain:		
	Percentage Paid By Employer	Participation %
Group Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Sick Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement/Pension Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Healthcare Provider:		
Provide name of clinic, physician, or emergency room used for work place related injury:		

## HIRING PRACTICES

Employment Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug/substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre/Post employment physical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Record Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic Back Test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Labor Used	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Temporary Labor Used	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## ESTABLISHED AND PRACTICED SAFETY ACTIVITIES

Safety program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Return to Work (light duty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Includes full wages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Designated Full time safety director	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:
Safety meetings held for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of meetings:
Safety training held for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Slip and Fall Preventio Program in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HazCom Program in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does insured participate in the MPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are employees notified upon hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is owner active in daily operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, duties performed:		
Personal protective safety equipment provided for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are employees trained in the use of PPE and required to use it at all time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisors are held accountable for injuries & accidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accident investigation program in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## COVERAGE/RISK MANAGEMENT QUESTIONS

Any exposure to chemicals, x-ray or radiation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Any leased employees? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the employer hire temporary labor in states where they are working on a temporary basis? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there any employees exempt from workers' compensation coverage (I.e., casual labor, domestic servants, farm laborers/ etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the employer ever "borrow" a worker from another employer <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the employer have any plans to begin operations in states not listed in 3A? <input type="checkbox"/> No <input type="checkbox"/> Yes
Any employees from a PEO? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Explain all "YES" answers

**OPERATIONS**

Hours of operation:	Number of daily shifts:	
Operation includes delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of delivery: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	Explain:
Delivery radius: <input type="checkbox"/> <50 miles <input type="checkbox"/> 51-100 miles <input type="checkbox"/> 101-250miles <input type="checkbox"/> > 250 miles		
MVRs checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	Number of authorized drivers:
Employees take vehicles home at night <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of vehicles:
Driver acceptability standards are established <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is automobile coverage provided for employees required to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide carrier info:		
Vehicle maintenance is performed by employees <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicles Inspection/Maintanance Program <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency:

**COVERAGE/RISK MANAGEMENT QUESTIONS**

Any exposure to chemicals, x-ray or radiation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Any leased employees? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the employer hire temporary labor in states where they are working on a temporary basis? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are there any employees exempt from workers' compensation coverage (I.e., casual labor, domestic servants, farm laborers/ etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the employer ever "borrow" a worker from another employer <input type="checkbox"/> No <input type="checkbox"/> Yes	Does the employer have any plans to begin operations in states not listed in 3A? <input type="checkbox"/> No <input type="checkbox"/> Yes
Any employees from a PEO? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Explain all "YES" answers

**PAYROLL AND PREMIUM HISTORY**

PAYROLL		PREMIUM		# OF EMPLOYEES		PRIOR CARRIER	
2016/2017		2016/2017		2016/2017			
2015/2016		2015/2016		2015/2016			
2014/2015		2014/2015		2014/2015			
2013/2014		2013/2014		2013/2014			
2012/2013		2012/2013		2012/2013			

**CATASTROPHE EXPOSURE**

Does insured work within 2 miles of the following building or facilities:	
Government or military base	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial institutions including national/regional stock exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sport stadiums/arenas and theme parks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major bridges, tunnels or plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility or power plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation hubs, railroads, airports or shipping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic/symbolic buildings, monuments or parks	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AGRICULTURE / FARMING**

Is harvesting <input type="checkbox"/> Mechanized <input type="checkbox"/> Manual	If applicant is harvesting nuts crops, are shakers utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work performed on hillsides ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
Is contract labor used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is housing provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, % of use?	If yes, number of employees housed:

Any seasonal workers used for operations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does all farm machinery have safety guards intact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details of when season begins and ends, no. of seasonal employees hired, and if same employees used each season:			
Are employees transported by any vehicles on or off the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on separate page.			
Any use of pesticides or fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any crop dusting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If employees perform pesticide application, are they trained and certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is protective gear worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any family members work in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATVs used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many owned by insured?	How many employees use ATV's?
Does applicant ever lease/borrow ATVs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details:	
Are there any horses owned by insured or on insured's premises? <input type="checkbox"/> Yes, how many? <input type="checkbox"/> No			
<b>APARTMENT OPERATIONS</b>			
Is housing provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many employees are housed and describe their responsibilities:	
Security guards employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details (i.e., Armed or unarmed, hours on premises):	
Are employees involved in property maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:			
Does management collect payment from resident and/or is banking controlled by employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are employees responsible for eviction notification and/or enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>HOTEL/MOTEL</b>			
Number of guest rooms?		Any shuttle, limo or similar service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any restaurant exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bar or lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housekeeping exposures: Moving of furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mattress flipping or rotating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Security cameras or other security devices on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Room rates: <input type="checkbox"/> <\$50 <input type="checkbox"/> \$50-\$100 <input type="checkbox"/> \$100+ Rent rooms: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
<b>AUTOMOTIVE SERVICES</b>			
Any towing services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, any contract towing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes to contract towing, percentage of operations?	
Any road repair assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, 24 hour exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any test driving of customers' vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any transportation of customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any vehicle crushing operations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a ventilated/filtered spray booth for painting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do you have a written respiratory protection program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>CONVENIENCE STORES</b>			
Any Gasoline Sales <input type="checkbox"/> Yes <input type="checkbox"/> No		Do gasoline sales exceed 90% of receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a mini-market on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any security/surveillance cameras on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, any sales of alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any adult material sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours of Operation:		Open 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there 2 employees on duty at all times? ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is cashier's booth bullet proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Access to freeway? <input type="checkbox"/> 0-1mile <input type="checkbox"/> 1-2mile <input type="checkbox"/> 2+miles			
<b>STAFFING / TEMPORARY</b>			
Are there established new client selection criteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Are prospective worksites inspected for safety purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Are employees provided with detailed description of job		<input type="checkbox"/> Yes Details:	

assignment?	<input type="checkbox"/> No	
Is safety training provided by client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Are procedures in place to terminate clients with poor loss experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
<b>Payroll Exposure Breakdown (List Number of Clients):</b>		
Light Industrial:	Wholesale / Retail:	Trucking:
Heavy Industrial:	Clerical (Professional):	Healthcare:
Construction (Trade):	Clerical (General):	Farms:
Construction (General):	Medical:	Other:
<b>CONTRACTORS</b>		
Contractors license number?	Years experience?	Contractors Credit Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average no. of certificates collected annually?	What is the % of sub-contractors used?	
If subs used, does insured: <input type="checkbox"/> Check certificates annually? <input type="checkbox"/> Directly supervise subs?		
Indicated percentage of work conducted in each of the following operations(must equal 100% for each):		
New Construction:		
1.)	New Construction:	Remodeling:
2.)	Commercial:	Arts/Condos/Tract Homes:
3.)	Interior:	Exterior: If exterior work done, what is the max height exposure?
Percentage of work/exposure:	<12':	12' to 24':
		24' to 40':
		>40':
What is used? <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Scissor lifts <input type="checkbox"/> N/A		
If insured builds own scaffolding, provide % of annual operations involving scaffolding setup and teardown compared to total operations:		
Fall Protection Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select type below:		
<input type="checkbox"/> Guardrails <input type="checkbox"/> Safety Belt of Full Body Harness <input type="checkbox"/> Safety Net <input type="checkbox"/> Ladder Tie Offs <input type="checkbox"/> Training in Ladder/Scaffold Placement <input type="checkbox"/> Other, please describe:		
Any use of cranes, booms or similar heavy construction equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No Max. depth in feet: % of total work:		
Any confined spaces exposures? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details on separate page. Attach a copy of written procedures and details of Confined Space Training.
Does any welding exposure exist? <input type="checkbox"/> Yes <input type="checkbox"/> No		How do employees arrive at jobsites?
Any hot tar roofing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is group transportation (>3 employees) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant involved in "Wrap Up" or "OCIP" project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide percentage of total payroll dedicated to these projects, and advise detailed procedures on how applicant determines employee split between these projects and other contracts/projects (not involving "wrap up" or "OCIP").		
<b>Indicate percentage of work conducted in each of the following operations or mark not applicable. <input type="checkbox"/> N/A</b>		
Blasting__%	Drilling__%	Light Pole Work__%
		Demolition__%
		Tunneling__%
		Grading__%
Wrecking__%	Multi-story Building__%	Gas Mains__%
		Crane Work__%
		Asbestos__%
Highway Work__%	Scaffold setup__%	Roofing__%
		Excavation__%
		Sewer__%
Structural Steel__%	Concrete Tilt-up__%	Spray Painting__%
		Dock Seawalls__%
		Extra Framing__%
Cell Tower__%	Powerline Construction__%	High Voltage__%

## JANITORIAL

**Check appropriate exposures in the following areas:**

<input type="checkbox"/> Education Facilities	<input type="checkbox"/> Airports	<input type="checkbox"/> Nursing homes	<input type="checkbox"/> Apartment houses
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Office buildings	<input type="checkbox"/> Stores	<input type="checkbox"/> Fire/flood/restoration
<input type="checkbox"/> Government	<input type="checkbox"/> Museums	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Hotels
<input type="checkbox"/> Manufacturing plants			

**Indicate percentage of services provided (must equal 100%):**

General cleaning	%	Chimney cleaning	%	Debris cleaning	%	Heating A/C service	%
Industrial cleaning	%	Celling lite cleaning	%	Landscaping	%	Aircraft service maintenance	%
Carpet cleaning	%	Elevator maintenance	%	Parking lot cleaning	%	Crime scene clean-up	%
Snow removal	%	Housekeeping services	%	Fire/flood restoration	%	Ext. window cleaning (above first floor)	%
Pressure/steam washing operations	%	Floor washing/refinishing	%	Pest control	%		
Servicing/cleaning of hoods /filters/ grease traps	%	Any exposure to hazardous materials?	%	If so, please explain.			

General Cleaning includes operations such as vacuuming, dusting, wastebasket trash pick up, floor and rug cleaning, restroom clean-up.

Do employees work in pairs or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Employees supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is supervision <input type="checkbox"/> direct or <input type="checkbox"/> roving?
---	--	--

## LANDSCAPING

Does operation include tree-trimming? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of payroll:
Any climbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum height:
Any boulder removal greater than 50 pounds or tree removal greater than 10 feet performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Any use of chippers, mulchers, cherry pickers, booms or other similar equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Any use of pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:	
Any debris removal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Any highway or median work conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, percentage of payroll:
If yes, please provide details:	

**Indicate percentage of work conducted in each of the following operations must equal 100% for each line)**

Residential:	Commercial:
Maintenance:	New Installation:
Any work below grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max depth in feet: _____
	Percent of total work: _____
Is the applicant involved in "Wrap up" or "OCIP" projects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what percentage of annual payroll is dedicated to a wrap up/OCIP project?	
If yes, who provides the coverage for the wrap up project?	

## RESTAURANTS

Entertainment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bar or separate lounge area? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Liquor sales as percentage of total receipts: __%	Fast food? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any catering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, radius of operations: __mi Percent of catering exposure: ____%	

Number of:	Hosts:	Waitstaff:	Bartenders:	Valet:	Busboys:	Cooks:	Bouncers:
Any delivery? _Yes _No		Delivery hours: ____ to ____		If yes, radius of operations: ____mi		Percent of exposure: ____%	
If yes, provided details:							
Average price of entrée? <input type="checkbox"/> <15 <input type="checkbox"/> 15-50 <input type="checkbox"/> 50			Security on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No			Hrs of Operation: to	
Servicing, cleaning of hoods/filters/grease traps or related systems provided by: <input type="checkbox"/> Outside vendor <input type="checkbox"/> Employees							
Does insured have slip-resistant flooring or matting on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are employees required to wear slip-resistant shoes? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Any robbery, burglary or assaults within the past four years? <input type="checkbox"/> Yes <input type="checkbox"/> No Security on site? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide details:							
<b>TRUCKING</b>							
Type:	<input type="checkbox"/> Common carrier	<input type="checkbox"/> Contract carrier	<input type="checkbox"/> Private	<input type="checkbox"/> Brokerage	<input type="checkbox"/> Exempt		
	<input type="checkbox"/> Regular route	<input type="checkbox"/> Irregular route					
States of operation:							
<b>Length of haul (percentages must total 100%):</b>							
Under 50 miles: ____%		50-200: ____%		201-300: ____%		301-500: ____%	
501-1000: ____%		More than 1000: ____%					
DOT#:		DMV/MCP#:		<input type="checkbox"/> Not Applicable			
<b>Please check the questions and attach the applicable data:</b>							
Motor Carrier Identification Report, MCS-150: <input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable							
<b>Cargo Classification (check all that apply):</b>							
<input type="checkbox"/> General freight		<input type="checkbox"/> Logs, poles, beams, lumber		<input type="checkbox"/> Grain, feed, hay		<input type="checkbox"/> Liquids/Gases	
<input type="checkbox"/> Chemicals		<input type="checkbox"/> Household goods		<input type="checkbox"/> Building materials		<input type="checkbox"/> Intermodal containers	
<input type="checkbox"/> Coal, coke		<input type="checkbox"/> Commodities dry bullion		<input type="checkbox"/> Metal sheets, coils, rolls		<input type="checkbox"/> Mobile homes	
<input type="checkbox"/> Passengers		<input type="checkbox"/> Meat		<input type="checkbox"/> Refrigerated food		<input type="checkbox"/> Motor vehicles	
<input type="checkbox"/> Machinery, large objects		<input type="checkbox"/> Outfield equipment		<input type="checkbox"/> Garbage, refuse, trash		<input type="checkbox"/> Beverages	
<input type="checkbox"/> Driveway/towaway		<input type="checkbox"/> Fresh produce		<input type="checkbox"/> Livestock		<input type="checkbox"/> U.S. mail	
<input type="checkbox"/> Paper products		<input type="checkbox"/> Other:					
# of Drivers:		# Company drivers:		# Owner/operators:			
a. Percentage where the motor carrier will provide Workers' Compensation for the owner/operators: ____%							
b. Percentage of owner/operators who act as the "Employer" of their subcontractors: ____%							
c. Number of Non-Union: ____ Union: ____							
d. Do the drivers load and unload their trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Provide detail of the materials loaded/unloaded and any equipment used:							
Total # of trucks:		Trucks with sleeper cabs:		Single trailers:		Double trailers:	
						Triple trailers:	
Any team driver operations? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide details:			
Type of Trailers and how many?							
<input type="checkbox"/> Dry Freight		<input type="checkbox"/> Low Boy			<input type="checkbox"/> Dump Trucks		
<input type="checkbox"/> Refrigerated		<input type="checkbox"/> Tanker Trucks			<input type="checkbox"/> Car Transport		
<input type="checkbox"/> Box Trucks		<input type="checkbox"/> Flat bed			<input type="checkbox"/> Livestock		