

Trucking Supplemental



*Tri County Council for the Lower Eastern Shore of Maryland
& Tri County Council Foundation*

Account Name: _____

Producer: _____

SAFETY:

- 1.) Does the insured have a formalized Safety Incentive Program? Yes No
If Yes, provide details: _____
- 2.) Does the insured do pre-hire & post-accident drug testing? Yes No
- 3.) Is there a Safety Director on staff with no additional job duties? Yes No
Name: _____
- 4.) Is there a formal Accident Investigation Program? Yes No
- 5.) Does the insured have a Return To Work Program? Yes None
If Yes, Formal Informal
- 6.) Is there a formal Safety Program? Yes No
- 7.) Is there a Written Fleet Safety Program? Yes No
a.) Name of the person responsible for the program: _____
- 8.) Does the insured have a DOCUMENTED vehicle inspection & maintenance program with logs maintained by the insured? Yes No
- 9.) Is there a formal Accident Investigation Program? Yes No
- 10.) Does the insured have an Accident Prevention Program in place? Yes No
- 11.) Number of employees is: *fluctuates seasonally* Increasing Decreasing Stable

TRUCKING EXPOSURE:

N/A

- 1.) Does the insured transport any of the following? Yes No *N/A*
Explosives, Ammunition or Fireworks?
Magnesium, Fuses, Celluloid or Pyroxylin?
Radioactive Substances or Hazardous Waste?
Live Animals?
Logs or Beams?
- 2.) Does the insured hire "Day Laborers/Lumper" to assist with Loading/Unloading? Yes No *N/A*
- 3.) Does the insured use Sub-Haulers or Owner/Operators? Yes No *N/A*
a.) If drivers are Independent Contractor, does the insured want to provide WC coverage? Yes No *N/A*
b.) Do the independent operators work exclusively for the insured? Yes No *N/A*
c.) Do the independent operators go through the same screening process as employee drivers & are subject to the same internal controls? Yes No *N/A*
d.) Does insured obtain Certificates of Insurance from Independent Contract? Yes No *N/A*
e.) Does the insured use a Diary System to track the COI expiration dates? Yes No *N/A*

4.) Does the insured have a progress disciplinary program in place for terminating driver or moving them into a non-driving position if they have an unacceptable number of moving violations/accidents?

Yes
 Yes

No
 No

a.) Is there a maximum number of allowable violations/points per driver?

b.) If yes, how many: _____

5.) Do the insured's employees perform any manual securing or tarping of loads that requires climbing on the vehicle?

Yes

No *N/A*

6.) Does the insured have a DOCUMENTED vehicle inspection and maintenance program (logs maintained by insured)?

Yes
 Yes

No
 No *N/A*

7.) Do the insured's employees perform any loading/unloading? If yes, how is this performed? _____

Yes

No

8.) Does the insured have a GPS Vehicle Tracking System?

Yes
 yes

No
 No

9.) Does the insured participate in any program where they are notified if one of their drivers receives a vehicle violation?

Yes

No

10.) Does the insured have a formal driver training program?

11.) Does the insured train employees to use a 3 point contact when entering and existing a vehicle?

Yes
 Yes
 Yes
 Yes

No
 No
 No
 No

12.) Does the driver selection procedure include:

- a.) Road Test Certification
- b.) MVR checks (both pre-hire & annually)
- c.) Drug testing (both pre-hire & post-accident)
- d.) Physical exam?

If physical exams are required, how often? DOT

e.) Formal driver training provided?

Yes
 Yes

No
 No *N/A*

13.) Does the insured's employees provide towing or roadside assistance?

DRIVERS:

1.) Current number of drivers: 55

a.) How many CDL's: 54

2.) Are all driver's actual employees or independent contractors?

Yes

No

55 # of employees 0 # of independent contractors

3.) How are drivers paid? Hourly

OPERATIONS:

1.) List insured's DOT number: N/A

2.) Percentage of trips of operation in various radius categories:

- 0-50 miles _____ %
- 51-100 miles 100 %
- 101-200 miles _____ %
- 201-300 miles _____ %
- 301-500 miles _____ %
- over 500 miles _____ %

3.) Number of vehicles: 42
4.) List states in which you operate: Maryland

5.) Percentage breakdown of operations:
Dry van-truckload _____ % Flatbed _____ %
Intermodal _____ % Tank-dry _____ %
Reefer _____ % Tank-liquid _____ %
Flatbed _____ % Auto Hauler _____ %
Dump-end _____ % Dump-belly _____ %
Other (describe) Transit Regional

6.) What is the % of travel in the following areas?
Urban 90 %
Suburban _____ %
Rural 10 %

7.) Types of commodities hauled? _____
8.) Does the insured contemplate using double or triple trailers? Yes No N/A
If yes, what percentage of trips involves this use of multiple trailers? _____ %
9.) Does the insured perform any back-hauling? Yes No N/A
If yes, is the container/trailer empty or full? _____
What commodities would the insured by back-hauling? _____
10.) Does the insured act as a freight-broker, freight-forwarder or arrange loads for others? Yes No N/A
If yes, provide Broker/Forwarder's name: _____
11.) Does the insured have a cell phone policy for drivers? Yes No N/A
If yes, describe: _____

HEALTH BENEFITS:

1.) Percentage of Employees who Participate/Purchase Medical/Health Plan: _____ %
Are benefits provided for Management Only? Yes
2.) Percentage of Medical/Health Premiums Paid by Employer? _____ %

WASTE & GARBAGE HUALERS: N/A

1.) Does the insured haul garbage, waste, construction debris or recyclables? If Yes: Yes No N/A
a.) Commercial _____ %
Residential _____ %
Recycle _____ %
b.) Automated _____ %
Manual _____ %
Rolloff _____ %
c.) Dumpster _____ %
Cans/Bins _____ %
2.) Do employees ride on the outside of the vehicles? Yes No N/A
3.) Does the insured operate any landfills, dumps or waste transfer stations? Yes No N/A
4.) Does the driver or employees do any loading or unloading of waste? Yes No N/A

MISC:

1.) Annual turnover? 15 %
2.) Union? Yes No

Lawrence Anderson Risk Coordinator 6-18-19
Name of Person Completing App and Title Date