



# Combined Group Insurance Services, Inc.

## Owner Operator Trucking Application

American Fidelity Assurance Company, 9000 Cameron Parkway, Oklahoma City, OK 73114

All questions on application must be completed in full to receive consideration for quotation



RETAIL AGENCY				
Retail Agency Name & Address		Agent Number	Retail Agent Name	Phone Number
			Retail Agent E-mail	
CSR's Name	CSR's Phone number	CSR's Email		
WHOLESALE AGENCY (Note to wholesale agents: Retail Agency and Wholesale Agency contact information <b>must</b> be completed)				
Wholesale Agency Name & Address		Agent Number	Wholesale Agent Name	Phone number
			Wholesale Agent Email	
BASIC INFORMATION (please note, if the insured has been in business for less than 3, a letter of management experience is required)				
Complete Legal Name		Proposed Effective Date	Years in Business	FEIN
Mailing Address		Applicant's Website Address		
		[ ] Sole Proprietorship, Name of SP _____		
		[ ] Corporation [ ] Partnership [ ] LLC [ ] Other		
COMPLETE DESCRIPTION OF OPERATIONS and DRIVERS DUTIES				
RATING INFORMATION (Complete Driver Census on page 3 with names of drivers included in driver count below)				
Classification		NCCI Code	# of Drivers	
1099 Owner Operators		7219		
LOSS INFORMATION (Attach first dollar loss runs)				
Policy Year	Total Incurred	# of Claims	Premium	# of Drivers
Current Year	\$		\$	
	\$		\$	
	\$		\$	
Show details of each claim over \$25,000 on a separate page, along with action taken to prevent recurrence.				
NAMED INSUREDS, DBAs & TERMINAL LOCATIONS (list every location including location on pg. 1)				
Acceptable to show the same named insured for multiple locations				
Insured's Name	Street, City, State Zip	FEIN #	# of Drivers	
Show additional named insureds & locations on separate page and include with submission.				
DRIVING EXPOSURES				
1	Number of company owned vehicles?			
2	Are MVRs checked?			[ ] Yes [ ] No
	How often?			
3	What MVR violation would cause a Lease Agreement to be "inactive"?			
4	What is the travel radius?	mi	Average Haul?	mi
5	Do your drivers unload their own trailers?			[ ] Yes [ ] No
	What is the percentage of drivers who unload their own trailers?			
6	Is tarping loads or re-securing tarps always done with assistant for lumpers?			[ ] Yes [ ] No
7	How many of your drivers travel outside of Texas?			
8	How often are DOT logs checked?			
9	How many years' experience do you require for newly hired drivers?			
10	What is the average tenure of your drivers?			
11	How many drivers are part-time?			[ ] Yes [ ] No
12	Are drivers paid hourly, per mile or based on trips/loads?			

13	Do your trucks carry a passenger or another trainer or ride-a-long for new drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
What are the passenger's duties (second driver, loading/unloading, etc.)?											
What is the percentage of trucks that have partner/team driving?				%							
14	What type of communication system do you provide your drivers?										
15	Do you use any kind of GPS or tattlers on your trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
16	Do you require hands free devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
17	If you provide cell phones or allow personal cell phones do you provide hands-free devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
How often do you verify driver has hands free devices?											
18	What is your company's policy regarding texting and driving?										
What penalties are in place for texting and driving?											
19	Please give a percentage of each type of truck in the fleet:										
Box	%	Container	%	Dump	%	Flatbeds	%	Refrigerated	%	Tankers	%
Van	%	Double Trailers	%	Other:	%	Details:					
20	List all commodities hauled by percentage total for the year:										
%			%			%			%		
<b>GENERAL EXPOSURE INFORMATION</b>											
1	Max height a driver will work while standing on a non-fixed structure?										ft
2	Average weight and typical item a driver will lift without assistance?										lbs
3	Number of drivers who operate a forklift?										
Are they certified?											<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Does insured manufacture, store, sell, handle or transport any explosives, asbestos products, nuclear or hazardous materials?										<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you have any operators subject to USL&H or FELA?										<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does insured manufacture, store, sell, handle or transport any petro, hazardous chemical products or livestock?										<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you ever filed for bankruptcy in the last 5 years?										<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are any drivers hazmat certified?			<input type="checkbox"/> Yes <input type="checkbox"/> No			How Many?				
<b>RESPONSIBLE REPORTING ENTITY</b> (This section must be completed upon binding in order for you to comply with Federal regulations)											
A new federal law, that took effect July 1, 2009, requires all businesses that have any type of liability insurance for work-related injuries to register with the Department of Health and Human Services. Insureds must report regularly on job-related injuries beginning January 1, 2010. There are no exceptions. As a courtesy to our insureds, we will report your claims to Medicare at no additional cost to you. If you have not already registered, please do so at <a href="http://www.Section111.cms.hhs.gov">www.Section111.cms.hhs.gov</a> . Register and provide us with the following information:											
RRE #			PIN			Date Registered Online					
<b>CLAIMS ADMINISTRATION</b>											
Contact information of the driver responsible for submitting claims within your organization		Name:				Phone:					
		Email:									
<b>ACCOUNTING</b>											
Contact information of the driver responsible for remitting premium invoices within your organization.		Name:				Billing Address					
		Phone:									
		Email:									
<b>SAFETY</b>											
Contact information of the driver responsible for safety within your organization.		Name:				Phone:					
		Email:									
<b>SAFETY PROGRAM</b>											
1	Do you have a formal written safety program?										<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you have an Alcohol/Drug testing program?										<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have a training program?										<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have a prescreening program?										<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you had any OSHA violations in the last 5 Years?										<input type="checkbox"/> Yes <input type="checkbox"/> No
6	How often is a safety check done of the fleet?										

