



RISK STRATEGIES

DELIVERY APPLICATION

Workers Compensation

(Note you may skip over fields with headers removed as they are not needed for WC quotes.)

Named Insured:

Other Entities to be Insured:

dba Name(s):

Mailing Address:

City/State/Zip:

Physical Address:

City/State/Zip:

No. of Locations:

Phone:

Fax:

Contact Person:

Title:

Email:

Effective Date Desired (i.e. the date coverage should begin):

Has any insurance been non-renewed or cancelled within the past 3 years?

YES

NO

If so, why?

Type of Organization:

☐

Corp.

☐

LLC

☐

Sole Proprietor

☐

Partnership

☐

Other

Federal Employer I.D. No:

Owner(s) (give %'s):

Years in Business: If less than 3 years, summarize owners' work experience in the red flag section.

Professional Associations you belong to: (CLDA, ECA, XLA, etc.)

Sold/Discontinued Operations (past 5 years):

Other Businesses that you Own or Manage:

PROFILE OF OPERATIONS:

Annual Gross Sales:

Next Year

Current Year

Delivery/Courier

\$

\$

Warehousing

\$

\$

Freight Broker/Freight Forwarder

\$

\$

Process Server

\$

\$

Other (describe)

\$

\$

Drivers Using Their Own Vehicles:

Employees

Full Time

Part Time*

Under 10,000 lbs GVW

10,000 – 20,000

20,001 – 45,000

Over 45,000

Bicyclists

Walkers

Are any Flatbed Power Units and/or Flatbed Trailers utilized by the drivers above? YES NO

*Part time drivers generally work 50% or less of full time driver hours.

RISK STRATEGIES DELIVERY INSURANCE APPLICATION

PROFILE OF OPERATIONS:


Employees


Independent Contractors


Staff Census:


	Full Time	Part Time	Full Time	Part Time	1099 Cost
Customer Facility Management					
Owner/Executive Officers					
Outside Sales Reps.					
Administrative and Clerical					
Warehouse / X-Dock / Terminal					

Fleet: Company Owned/Leased Vehicles: (indicate quantity for each)

	Under 10,000 lbs GVW	10,001 – 20,000	20,001– 45,000	Over 45,000	Trailers 
Delivery Vehicles:					

Are any Flatbed Power Units and/or Flatbed Trailers included in the fleet figures above? ☐ YES  ☐ NO

Do any of the fleet vehicles above include units leased to you from an Independent Contractor? ☐ YES  ☐ NO



Executive/Sales Vehicles furnished to owners or employees? ☐ YES  ☐ NO If yes, how many?

Operating Authority:

Motor Carrier: USDOT: MC No.:


State Motor Carrier (states and docket #s if applicable):


Broker / Forwarder: Freight Broker: Freight Forwarder:

FMCSA SMS BASIC ratings in Alert Status  or safety-related investigations (past 6 months)? ☐ YES  ☐ NO

(check <http://ai.fmcsa.dot.gov/sms>)

Description of Operations:

Radius (normal): 0-100 Miles % 101-250 Miles % Over 250 Miles % 

Locations Delivered to: Commercial % Residential % 

Work Type: On Demand % Scheduled/Routed* %

States Operated In: Largest Cities Served:

*Scheduled/routed includes regular daily work for ongoing customers, whether or not there are actual fixed routes.



RISK STRATEGIES DELIVERY INSURANCE APPLICATION

Current Insurance	Expiration Date	Name of Your Current Insurance Carrier	Years with Carrier	Annual Premium	Limit of Coverage
Workers Compensation				\$	\$
Occupational Accident				\$	\$
Contingent Liability				\$	\$

Loss History: We require confirmation of your prior claims history for the past five years (current year and four prior). Please mark off any of the following that apply

1. ☐ I will request up-to-date loss runs from my current / prior insurance company and will forward to Brightstone immediately upon my receipt.
2. ☐ In addition to providing loss runs, we will need details on any claim involving the following:

b.) Workers Compensation

- Any claim \$25,000 or greater 
- Any claim involving suspected or proven insurance fraud 

RISK STRATEGIES DELIVERY INSURANCE APPLICATION

WORKERS COMPENSATION INSURANCE	YES	NO	
---------------------------------------	------------	-----------	--

Employers Liability limits desired: \$500,000 \$1M

Effective Date desired (*i.e. the date coverage should begin*):

Were you denied Workers Comp. during the past 3 years? **YES** **NO** If so, why?

Estimated Annual Employee Payrolls *(use additional sheets if necessary)*

	State #1	State #2	State #3	State #4	
Estimated Payroll (\$) for:					Total Payroll
Owners / Exec. Officers					
Outside Sales Reps.					
Administrative / Clerical					
Warehouse / Terminal					
Garage / Mechanics					
Facility Management					
Foot Messengers					
Bike Messengers					
Drivers (under 10,000 GVW)					
Drivers (over 10,000 GVW)					
Other:					
Total Payroll					

Owners & Executive Officers

Name	Title	Duties (excl: Mgmt/Sales)	Compensation	% Own	Birthdate	Exclude?
			\$			
			\$			
			\$			
			\$			
			\$			

Underwriting Information

Do you own / operate / or lease aircraft or watercraft?	YES	<input type="text"/>	NO	<input type="text"/>
Do you perform work on barges, vessels, docks or bridges over water?	YES	<input type="text"/>	NO	<input type="text"/>
Do you transport hazardous materials in quantities that require placarding?	YES	<input type="text"/>	NO	<input type="text"/>
Is a written safety program in place? <i>(please provide a copy to Brightstone)</i>	YES	<input type="text"/>	NO	<input type="text"/>
Any employees under 16 or over 60 years old or with physical handicaps?	YES	<input type="text"/>	NO	<input type="text"/>
Any seasonal employees or volunteer labor?	YES	<input type="text"/>	NO	<input type="text"/>
Do employees travel out of state <i>(if so, indicate where and how often below)</i>	YES	<input type="text"/>	NO	<input type="text"/>
Are physicals required of incoming employees?	YES	<input type="text"/>	NO	<input type="text"/>
Are employee health plans provided?	YES	<input type="text"/>	NO	<input type="text"/>

RISK STRATEGIES DELIVERY INSURANCE APPLICATION

Workers Compensation Insurance *(continued)*

Do you lease employees to/from other employers?

YES

☐

NO

☐

Do any employees predominantly work at home?

YES

☐

NO

☐

Any tax liens or bankruptcy within the past five (5) years?

YES

☐

NO

☐

Do you have a Return-to-Work program for injured workers?

YES

☐

NO

☐

Explain all **YES** answers:

WORKERS COMPENSATION ALERT

When it comes to your IC drivers, you may be counting on your written agreement with the IC's to let you off the hook if an IC is injured and attempts to make a workers comp claim.

Assuming you do have a Workers Compensation policy, the carrier will have to step up and defend you. And it will pay the claim if an IC successfully pursues and obtains employee status. Unless you have a written agreement with the insurance carrier that they will not audit IC driver 1099s for premium purposes (slim chance), you could be in for a rude awakening. The carrier can legally go back demanding driver premium for three years, and need not limit the charges to the one driver who was injured.

If you never have a driver try to make a claim, you may conceivably avoid such a devastating audit forever. However, keep in mind there does not have to be a claim to trigger an audit. An insurance carrier has the contractual right to physically audit your records at any time, and they have the right to go back three years to correct "errors".

Over the years, we have heard many of you state that IC's are not required to carry Workers Compensation in your state. True enough, in most jurisdictions. However, if they are injured badly enough and decide they are now an employee (and with an attorney's help this is not that difficult, especially under WC rules), they fall under the Workers Compensation law!

Don't make the mistake of ignoring this potentially disastrous situation. There are reasonably priced solutions.


Talk to us – that's why we're here!

RISK STRATEGIES DELIVERY INSURANCE APPLICATION

ADDITIONAL ITEMS REQUIRED: (as applicable)

- Hard Copy "Loss Runs" for all lines of coverage being quoted for the last five (5) years.
- Sample copy of Independent Contractor Agreement, and/or Agent Agreement.

- Other items requested within this application.

 **Risk Strategies E-POL:** To do our part for the environment, Risk Strategies has created our E-POL program, which allows our clients to receive their policy documents electronically. Please note that you will automatically be enrolled within this program unless you choose to opt out per the below. Please note that a \$10 annual policy processing fee will apply to all policies that are requested to be sent via regular mail.

☐ No, I'd like to receive my policy documents via regular mail and agree to the \$10 processing fee.

This application must be dated and signed by one of the organization's principals, partners or officers.
IT IS IMPORTANT THAT THIS INDIVIDUAL CAREFULLY READ THE SECTIONS BELOW.

IMPORTANT NOTICES

ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

EMPLOYMENT PRACTICES LIABILITY INSURANCE QUOTED WILL PROVIDE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES AND EXPENSES. SUCH COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S) OR RETENTION(S).

APPLICANT'S REPRESENTATIONS AND SIGNATURE

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
- C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Authorized Signature of a Principal, Partner, or Officer.

Printed Name:

Title:

Signature:

Date:

Producing Broker:

Date:

**Risk Strategies
Contact Info.**

Email transportation@risk-strategies.com
Web www.risk-strategies.com/industries/transportation
Mail 7530 Lucerne Drive, Suite 101

Fax 914-636-0802
Phone 877-862-4755
Cleveland, Ohio 44130