

<b>AMERISAFE, INC. WORKERS' COMPENSATION</b> 2301 Hwy. 190 West DeRidder, LA 70634		<b>TRUCKING SUPPLEMENTAL APPLICATION</b>	Date Submitted (MM/DD/YYYY)
APPLICANT NAME AND MAILING ADDRESS	PHONE CELL PHONE	CARRIER	<input type="checkbox"/> American Interstate Insurance Company <input type="checkbox"/> Silver Oak Casualty, Inc.



**W-A-Schickedanz Agency, Inc., CMGA**  
**Interstate Risk Placement, Inc.**  
 Managing General Agents / Surplus Lines Brokers



1. List the products the Applicant hauls:
  
2. Does the Applicant transport hazardous materials? \_\_\_\_\_ % of Hazardous Materials  
 \_\_\_\_\_ % of Non-Hazardous Materials
  
3. Terminals:
  - a. List physical location of each terminal. (Include City, State, and Zip)
  
  - b. List all states where units are garaged at drivers residence.  
 -If any, can driver be dispatched from residence?  Yes  No
  
4. Scope of operation:
  - a. List all states.
  
  - b. List routine shipping points.
  
  - c. Any driving or deliveries in the State of Florida?  Yes  No
  
5. Maintenance:
  - a. Describe the age and condition of vehicles.
  
  - b. Describe maintenance schedules performed on equipment.
  
6. Routes: \_\_\_\_\_ % Regular \_\_\_\_\_ % Irregular
  
7. Radius: \_\_\_\_\_ % 0-200 Miles \_\_\_\_\_ % Over 200 Miles
  
8. Drivers \_\_\_\_\_ % Single Drivers \_\_\_\_\_ % Co-Driver Teams
  
9. Does the Applicant lease owner operators?  Yes  No  
 If yes, are the owner operators included on the policy?  Yes  No  
 If no, does the carrier obtain Workers Compensation Certificates of Insurance?  Yes  No

**NOTE: We do not recognize Occupational Accident insurance policies as a substitute for Workers Compensation coverage. You will be charged for uninsured drivers.**

**AMERISAFE, INC. WORKERS' COMPENSATION TRUCKING**  
 2301 Hwy. 190 West  
 DeRidder, LA 70634

**SUPPLEMENTAL APPLICATION**

**10. Total Number of Power Units?**

Indicate Number of Each Type

Tractor-conventional	_____	Dump Trucks	_____
Tractor-cabover	_____	Wreckers	_____
Straight Trucks	_____	Other	_____

**11. Number and type of trailers? (Or type of bed for Straight Trucks)**

Flatbeds	_____	Reefer	_____
Lowboys	_____	Open Top Van (chip)	_____
Tankers (bottom load)	_____	Dump Trailer	_____
Tankers (top load)	_____	Container	_____
Tankers (with baffles)	_____	Logging	_____
Tankers (no baffles)	_____	Pole	_____
Dry Box	_____	Other	_____

**12. What percentage of the Applicant's deliveries are Less Than Load (LTL)? \_\_\_\_\_ % LTL**

**13. What percentage of the Applicant's drivers Load their vehicles? \_\_\_\_\_ %**

Of those, what % is: \_\_\_\_\_ Manual Loading \_\_\_\_\_ Mechanical Loading

Do they use lumpers?  Yes  No

Are lumpers insured?  Yes  No

**14. What percentage of the Applicant's drivers tarp their own loads? \_\_\_\_\_ %**

Of those, what % is: \_\_\_\_\_ Manual Tarping \_\_\_\_\_ Mechanical Tarping

**15. What percentage of the Applicant's drivers secure their own loads? \_\_\_\_\_ %**

**16. Identify Applicant's Auto Liability Carrier.**

**17. Estimate the Applicant's annual percentage of driver turnover?**

**18. Estimated total number of drivers during previous calendar year:**

Number of 1099 forms issued for previous calendar year: \_\_\_\_\_

Number of W2 forms issued for previous calendar year: \_\_\_\_\_

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature	Date	Agent's Signature	Date
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