



ECA Division

ECA Truckers Trust Program Insurance Questionnaire

Name \_\_\_\_\_
Requested Effective Date \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
Nature of Business \_\_\_\_\_

Risk Information

Yes No

1. Federal Employer Identification Number (FEIN) \_\_\_\_\_

2. Describe and give percentages of specific commodities hauled. (Avoid General Terms.) Use separate sheet if necessary.

Table with 7 columns: Commodity, Percent Hauled, Total. Total is 100%.

3. What percentage of loads are manually loaded or unloaded (use 0% if no manual (un)loading)?

Loaded \_\_\_\_\_% Unloaded \_\_\_\_\_%

4. What percentage of vehicles are: Box \_\_\_\_\_% Flatbed \_\_\_\_\_% Tanker \_\_\_\_\_%

Dump \_\_\_\_\_% Other \_\_\_\_\_%

Describe types of vehicles marked as "Other" \_\_\_\_\_

5. Number of leased independent owner-operators/contract drivers \_\_\_\_\_

6. In which states are your owner-operators and contract drivers domiciled? Attach separate sheet if necessary.

Table with 7 columns: State, Number of Drivers Domiciled.

7. What percentage of your owner-operators'/contract drivers' trips are:

1-50 Miles \_\_\_\_\_% 51-200 Miles \_\_\_\_\_% Over 200 Miles \_\_\_\_\_%

8. Is there any exposure to flammables, explosives, caustics or fumes?

Yes [ ] No [ ]

If yes, please explain and provide percentage of exposure: \_\_\_\_\_

\_\_\_\_\_

9. Is there any exposure to radioactive materials?

Yes [ ] No [ ]

If yes, please explain and provide percentage of exposure: \_\_\_\_\_

\_\_\_\_\_

10. Is a formal Safety Program in operation?

Yes [ ] No [ ]

If yes, please describe: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

11. Are pre-employment physicals required?

Yes [ ] No [ ]

Describe your new-driver screening procedures for hiring leased owner-operators/contract drivers:

\_\_\_\_\_

\_\_\_\_\_

**Risk Information *Continued***

Yes

No

Please complete the chart below

Valuation Date \_\_\_\_\_

Term	Earned Premium	Number of Insured Owner-Operators	Owner-Operator Monthly Premium	Incurred Losses	Number of Losses

12. Have you had Occupational Accident Insurance or Workers' Compensation coverages on your leased owner-operators/contract drivers previously?  Yes  No

If no, please explain how on-the-job injuries were covered: \_\_\_\_\_  
 \_\_\_\_\_

13. Please attach separate sheets listing prior Workers' Compensation or Occupational Accident Insurance currently valued detailed loss information for the past five years. If no prior coverage, please provide a list of any deaths, dismemberments, permanent total disabilities, or claims over \$1,000 in the past five years.

14. Is this a voluntary program?  Yes  No

If yes, please explain how enrollment will be handled: \_\_\_\_\_  
 \_\_\_\_\_

**I hereby acknowledge that all answers and statements contained, including the attached data, are true and complete. I understand that no coverage will become effective until an application has been signed and approved by the Insurance Company, a policy of Insurance is issued, and the required premium is paid. I also understand that these are accident insurance coverages and are not in lieu of or in fulfillment of Workers' Compensation insurance.**

Broker/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_