



National Interstate Insurance Company
National Interstate Insurance Company HI

Triumpher Casualty Company
Vanliner Insurance Company

CONTACT INFORMATION

For all questions and to submit an application, please contact:

Michelle Ceschan, Marketing Specialist

Email: michelle.ceschan@natl.com

Phone: 800-929-1500 x 1372

Mobile Phone: (513) 917-4478

SUBMISSION REQUIREMENTS

- **National Interstate Supplemental Application**
- **Acord 125** & applicable **Acords** for requested lines of coverage
- **Driver List** with full name, date of birth, driver license numbers, state of license, date of hire & years of experience
- **Vehicle schedule** with make, model, year, VIN, vehicle classification and OCN
- **Motor Vehicle Report (MVRs)**: run within the previous 45 days for all listed drivers
- **Loss Runs**: 5 years of currently valued loss runs for all requesting a quote, valued within 90 days of effective date
- **Narrative or summary of account**
- **Financials** including Balance Sheet and Income Statement if deductibles are being requested
- **Workers' Comp Supplemental Applications, EMOD & Loss Runs** if WC coverage is being requested

The table of contents for the following manuals you may have: Employment Practices Handbook, Employee Benefits Handbook, Maintenance Program, Driver Training Program, Intersection Procedures, Accident Reporting Procedures and Daily Vehicle Inspection.

COVERAGES REQUESTED

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto Liability | <input type="checkbox"/> Property/Inland Marine | <input type="checkbox"/> Motor Truck Cargo |
| <input type="checkbox"/> Auto Physical Damage | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> General Liability |
| <input type="checkbox"/> Excess Liability | Limit: _____ | |

AGENCY INFORMATION

Today's Date: _____ Incept Date: _____ Quote Date: _____

Agency: _____ Producer: _____

Account Manager: _____ Policy Term: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you the incumbent? ☐ Yes ☐ No

APPLICANT INFORMATION

Business Name: _____

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____ Website: _____

FEIN: _____ U.S. DOT: _____

Years in Business: _____ years Years of Experience in LP Management: _____ years

Has there been any operational changes in the past 5 years? ☐ Yes ☐ No

Do you own/operate any of the following?

Owned Product	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hauling for Others Product	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION *continued*

Additional Named Insured (if any)	Relationship to First Named Insured

KEY MANAGEMENT PERSONNEL

Title	Name	Yrs. in Position	Phone	Email
President/CEO				
Operations Manager				
Safety Director				
Loss Control				

OPERATIONS

Are you a member of any industry association? ☐ Yes ☐ No

☐ NPGA

☐ State Associations

States:

☐ Other

Name of Association(s):

Are you involved in any non-LP related operations?

☐ Yes ☐ No

Is 100% of your operation propane?

☐ Yes ☐ No

Type of LP Operation	%
Residential Deliveries	
Schools/Daycare	
Hospital	
Greenhouses	
Farms	
Railroads	
Hotel/Motels	
Oil/Gas Rigs	
Retail	
Total	100%

Radius	%
0-25 miles	
26-50 miles	
51-100 miles	
100+ miles	
Please explain 100+	
Total	100%
Average Distance	miles
Longest Route	miles

Other Products	%
Gasoline	
Diesel	
HVAC	
Butane	
Other Products	
Total	100%

States Traveled To

DRIVER INFORMATION

Does applicant maintain driver files in full compliance with DOT regulations?

☐ Yes ☐ No

Do you supervise routes?

☐ Yes ☐ No

What percent of routes are subject to route supervision? %

Types of supervision:

Who administers driving hiring/training?

Length of New Driver Orientation:

Is training required for all drivers?

☐ Yes ☐ No

What is minimum required years of U.S. driving experience? years

Are employees permitted to take company vehicles home at night?

☐ Yes ☐ No

In the past how many drivers were:	Min. Experience/Age Information
Hired	Miles
Terminated	Driver Age
Suspended	# years with CDL

Indicate driver selection procedures used (Check all that apply):

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Written Application | <input type="checkbox"/> MVR Check | <input type="checkbox"/> Pre-Hire Physical | <input type="checkbox"/> PATs (Physical Ability Testing) |
| <input type="checkbox"/> Previous Employer Checks | <input type="checkbox"/> Interview | <input type="checkbox"/> Drug Test | <input type="checkbox"/> Written Test |
| <input type="checkbox"/> PSP (Pre-Employment Screening Program) | <input type="checkbox"/> Other _____ | | |

Indicate new driver hire orientation procedures used (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Familiarization with equipment | <input type="checkbox"/> Familiarization with company rules | <input type="checkbox"/> Ride Along with experienced driver |
| <input type="checkbox"/> Procedures for accident reporting | <input type="checkbox"/> Training in handling commodities | <input type="checkbox"/> Familiarization with routes |

Are the driver files updated at least annually with information including new MVRs? ☐ Yes ☐ No

Does entity have a formal, written Return to Work program? ☐ Yes ☐ No

How are driver's hours of service monitored? _____

Does entity have a written progressive discipline policy? ☐ Yes ☐ No

Identify the percentage of vehicles that are equipped with the following:

Equipment	Visible & Audible	Engine Monitoring	Eyewash Solution	Fender Spot	Battery Disconnect	Fire Extinguishers	GPS	Rearview Camera	Automated Event Recorders	Spill Kits
Brand										
Percentage/Vehicles										

OWNER/OPERATOR INFORMATION

Does the entity utilize owner/operators? ☐ Yes ☐ No How many? _____

Minimum Auto Liability limits to be maintained by owner/operators: ☐ Yes ☐ No

Are certificates of insurance kept on file as evidence of the owner/operator's limited of liability? ☐ Yes ☐ No

Is the owner/operator required to name you as an Additional Insured? ☐ Yes ☐ No

MAINTENANCE PROGRAM - please attach copy if available

Is there a written maintenance program? ☐ Yes ☐ No

Total number of mechanics: _____

Name of Maintenance Manager: _____

Yrs. with company _____ Yrs. In maintenance _____

Maintenance program is provided for:	<input type="checkbox"/> Company Vehicles	<input type="checkbox"/> Vehicles (Owned by Others)	<input type="checkbox"/> Both
Vehicle Maintenance is:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	<input type="checkbox"/> Controlled Inspection Reports
Which of the following do you have?	<input type="checkbox"/> Parts Dept.	<input type="checkbox"/> Body Shop	
Pre and post trip inspections are made:	<input type="checkbox"/> Every trip	<input type="checkbox"/> Daily	<input type="checkbox"/> Other <input type="checkbox"/> Services Bays
How often are vehicles serviced?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> As Needed

Are brakes inspected pre-trip? ☐ Yes ☐ No

How long are maintenance records retained? ☐ 0-1 year ☐ 1-2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years

What is your vehicle replacement policy? ☐ 0-1 year ☐ 1-2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years

Do you use retreads? ☐ Yes ☐ No

If you do not have your own maintenance/repair facility, please describe your maintenance program: _____

Is there a refueling station onsite? ☐ Yes ☐ No

Do you have underground storage tanks (UST)? ☐ Yes ☐ No

Please provide the following UST insurance policy information:

Policy #: _____ Ins. Carrier: _____ Effective Date: _____

Do you have ground storage tanks (AST)? ☐ Yes ☐ No How many _____

Are AST's guarded by concrete-filled protective posts? ☐ Yes ☐ No

Is there secondary containment? ☐ Yes ☐ No

Does total capacity of all AST's that are greater than 5 gallons exceed 1,320 gallons? ☐ Yes ☐ No

Is there capacity of secondary containment at least equal to a 25-year, 24-hour rainfall? ☐ Yes ☐ No

SAFETY - please attach copy of your written safety program

Name of Safety Director: _____ Yrs. with company: _____ Yrs. in safety: _____

Percentage of time spent on safety: _____ %

Are there written safety policies and procedures? ☐ Yes ☐ No Please explain: _____

Do you comply with all DOT, OSHA, EPA & other regulations? ☐ Yes ☐ No

Do you have a safety award program? ☐ Yes ☐ No Do you inspect all tanks before filling? ☐ Yes ☐ No

How often are safety meetings held? _____

Are safety meetings mandatory? ☐ Yes ☐ No

Do you refuse to fill severely pitted tanks or others not meeting DOT/ICC inspection standards? ☐ Yes ☐ No

Do you participate in NPGA "Gas Checks"? ☐ Yes ☐ No

If warning labels, sleeves, etc. are damaged or illegible, do you refuse to fill or replace before filling? ☐ Yes ☐ No

What percent of your customers are automatic fill? _____ % Does the account fill portable propane tanks? ☐ Yes ☐ No

Is the fill area separate from the bulk storage area with separate access ☐ Yes ☐ No Are customers allowed to fill their own tanks? ☐ Yes ☐ No

Is there a retail store at the bulk storage area? ☐ Yes ☐ No Does the account have signs clearly stating "No Trespassing" on site? ☐ Yes ☐ No

Are both customers and account employees required to show ID before entering the bulk storage area? ☐ Yes ☐ No

Does the account have a written emergency response plan? Has the emergency training been done with local authorities? ☐ Yes ☐ No

Is all distributed gas odorized? ☐ Yes ☐ No

Has the account trained their employees in emergency response, including shut-down procedures per NFPA Standards? ☐ Yes ☐ No

Is test leak documented? ☐ Yes ☐ No

Do you have a formal "out of gas" policy? ☐ Yes ☐ No Please explain: _____

If your customer is out of gas, how often do you do the following?

☐ require an adult home ☐ Light/Documented Pilot Light ☐ Complete/Document Leak Test

Do you have a "duty-to-warn" policy? ☐ Yes ☐ No What percent of your customers are pre-inspected? _____ %

Do you require staff to perform documented customer leak test? ☐ Yes ☐ No Explain: _____

Does your location have either of the following (please check all that apply):

☐ Industrial type six-foot fence with lock ☐ Areas that can be locked to prevent unauthorized access to the bulk storage area?

☐ Other, please explain: _____

Do you sell or install heating or air conditioning systems? ☐ Yes ☐ No Explain: _____

Do you service or repair the following:

Space Heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Grills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other LPG Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--	---------------	--	------------	--	----------------------	--

Do you sell or rent the following:

Space Heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Grills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other LPG Appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--	---------------	--	------------	--	----------------------	--

Do you maintain an accident register? ☐ Yes ☐ No

Do you conduct periodic accident analysis? ☐ Yes ☐ No

Do you allow use of mobile communication devices, such as cell phones, while driving? ☐ Yes ☐ No

Is the Smith System method of defensive driving utilized? ☐ Yes ☐ No

GENERAL LIABILITY

Do you work on miscellaneous equipment that is not owned by the entity? ☐ Yes ☐ No

Do you lease property or mobile equipment to others? ☐ Yes ☐ No

Do you sell any product(s) either wholesale or resale? ☐ Yes ☐ No

Please explain: _____

Bulk Storage Locations			
Location	Number of Tanks	Age of Tanks	Total Capacity
1			
2			
3			

INSURANCE QUESTIONS

Has your insurance been cancelled or non-renewed in last 5 years for non-payment or loss history? (Not applicable in State of MO)

☐ Yes ☐ No

Has your operating authority ever been suspended or revoked?

☐ Yes ☐ No

Do you currently haul noxious, caustic, toxic, flammable or explosive commodities?

☐ Yes ☐ No

If no, have you in the past 5 years?

☐ Yes ☐ No

Has the entity, or any other entity under common ownership, filed bankruptcy in the last years?

☐ Yes ☐ No

	Employee Information			Vehicles Used				
	Drivers	Drivers	Employees	# of Tractors	# of X-Heavy	# of Heavy	# of Medium	# of Light
Current Policy								
Previous Policy								
2nd Previous								
3rd Previous								
4th Previous								

Current Insurance	Premium	Deductible	Carrier	Limits
Auto Liability				
Auto Physical Damage				
General Liability				
Excess Liability				
Property/Inland Marine				
Workers' Compensation				

Current UM/UIM	Limits per person	Limits per accident
Private Pass.		
Light/Service		
Heavy/ X Heavy		

If requesting Hired/Non-Owned coverage, how many days per year do you rent units? _____ days

Do you currently purchase Environmental Liability Insurance? ☐ Yes ☐ No If so, with whom? _____

A copy of the Declarations page and schedule(s) of included endorsements from any policy that provides environmental liability

Insurance Fraud Warnings

AL- Any person that knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

AR- 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.

CA- For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO- It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC -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.

FL- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LA- 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.

ME- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties ME- may include imprisonment, fines or denial of insurance benefits.

MD- Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ- Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NM- 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 civil fines and criminal penalties.

NY- 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH- Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK-WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false incomplete or misleading information is guilty of a felony.

PA- Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

RI- 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.

TN- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WA- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WV- 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.

ALL OTHER STATES- Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.

In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

Applicant Statement

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agency Name: _____

Signature: _____

Broker's Authorized Signature

Date: _____

Applicant's Name: _____

Signature: _____

Applicant's Authorized Signature

Date: _____



**NATIONAL
INTERSTATE**
INSURANCE.
Member of Great American Insurance Group



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WORKERS' COMPENSATION APPLICATION

3250 Interstate Dr., Richfield, OH 44286-9000, Phone: 800-929-1500, Fax: 330-659-8907, www.natl.com

☐ National Interstate

☐ National Interstate
of Hawaii

☐ Vanliner Insurance Company

☐ Triumpher Casualty
Company

AGENCY INFORMATION

Incept Date: _____ Quote Date: _____
Agency: _____
Producer Name: _____ CS Representative: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Mobile Phone: _____ Email: _____
Code: _____ Sub Code: _____ Agency Customer ID: _____
Are you the incumbent? ☐ Yes ☐ No For how long? _____

INSURED INFORMATION

Name: _____
FEIN/SSN: _____ N.C.C.I.D. #: _____ U.I.D. # (HI, ME, MN, RI, UT): _____
Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Joint Venture ☐ Other
Description of corporate structure: (include any holding companies, parents, subsidiaries and affiliates. Also indicate if any of these entities are in the insurance quote request, attach separate sheet if necessary.) _____

Description of business operations, including commodities hauled. Provide a complete narrative for any other operations other than trucking or passenger transportation (attach separate sheet): _____

Contact Information

Type	Name	Office Phone	Mobile	E-mail
Inspection				
Accounting Record				
Claims Info				
Other:				

Company Website: _____ Company E-mail Address: _____
Effective Date: _____ Expiration Date: _____

Part 1 Workers' Compensation States: _____

Part 2 Employer's Liability Limits

Bodily Injury Occurrence Limit	Disease per Employee Limit	Disease Policy Limit

Part 3 Other States Insurance (Not Applicable to ND, OH, WA, WY) _____

Are any of the following additional coverages requested:

☐ U.S.L. & H ☐ Voluntary Compensation ☐ Waiver of Subrogation ☐ Alternate Employer ☐ Other

Named Insureds (attach separate list if more than six)

	Named Insured	FEIN		Named Insured	FEIN
1			4		
2			5		
3			6		

INSURED INFORMATION *continued***Location Information** *(Please see Addendum A to add additional locations and to include all remaining class codes)*

	Address	Class Code	Payroll	# of Employees	Average Weekly Wage
1					
2					
3					
4					

Individuals to be Included/Excluded *(Partners, Officers, Others)*

Name	DOB	Title/Relationship	Ownership %	Include /Exclude	Class Code	Payroll <i>(include Rating Info also)</i>

Payroll History *(Please see Addendum B to add additional states and to include all remaining class codes)*

State	Class Code	Current	1st Prior	2nd Prior	3rd Prior	4th Prior

Prior Carrier Information/Loss History

Year	Carrier Name	Policy Number	Experience Mod	Premium	# Claims	Amount Paid	Reserve
Projected							
Current year							
1st prior year							
2nd prior year							
3rd prior year							
4th prior year							

GENERAL INFORMATION

1. Is workers' compensation for any state to be excluded on this application? ☐ Yes ☐ No ☐ N/A

If yes, please list the states to be excluded: _____

2. If domiciled in Texas, is the company a Texas Workers' Compensation non-subscriber? ☐ Yes ☐ No ☐ N/A

GENERAL INFORMATION *continued*

3. Is any work performed underground or above 15ft? ☐ Yes ☐ No ☐ N/A
4. Are there any special filings required? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
5. Are you currently required to sign any waiver of subrogation, hold harmless or permanent/exclusive lease agreements? *If yes, provide copies* ☐ Yes ☐ No ☐ N/A
6. Has the company undergone any corporate restructuring (*merger/combination/separation, bankruptcy, tax liens*) in the past 5 years? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
7. Have you had any coverage declined, cancelled or non-renewed in the last 3 years? (*Not applicable in MO*) ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
8. Do you own, operate or lease aircraft or watercraft? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
9. Do you perform any work on barges, vessels, or docks, over water? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
10. Do you or your employees travel on business outside the U.S.? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
11. Do you have now or have you had in the past any operations involving hazardous materials? ☐ Yes ☐ No ☐ N/A
If yes, please provide details: _____
12. Is group transportation provided? ☐ Yes ☐ No ☐ N/A
13. Do you sponsor any athletic teams made up of your own employees? ☐ Yes ☐ No ☐ N/A
14. Do you have any other insurance with National Interstate or its subsidiaries? ☐ Yes ☐ No ☐ N/A

HIRING PRACTICES

1. Are all job applicants interviewed in person? ☐ Yes ☐ No ☐ N/A
2. Who is involved in the interview process? _____
3. What is the annual employee turnover rate? _____
4. Are any of the following required before and employee is hired?
- a. Background checks? ☐ Yes ☐ No ☐ N/A
- b. Drug Screening? ☐ Yes ☐ No ☐ N/A
- c. Vision test? ☐ Yes ☐ No ☐ N/A
- d. Physicals? ☐ Yes ☐ No ☐ N/A
5. Is there a formal Physical Abilities Testing program conducted by a Physical Therapist or other medical professionals? *If 'yes', how many?* ☐ Yes ☐ No ☐ N/A

6. Are motor vehicle records for drivers checked prior to hire? ☐ Yes ☐ No ☐ N/A
7. Do you have any current drivers with citations for DWI, DUI or reckless driving? ☐ Yes ☐ No ☐ N/A
If 'yes', how many? _____
8. Do you use independent owner operators (IOOs) or independent contractors? ☐ Yes ☐ No ☐ N/A
If 'yes', indicate how many are used over the course of a year. _____
9. Do any of your (IOOs) or independent owner operators carry Occupational Accident (OA) coverage in lieu of Workers' Compensation? ☐ Yes ☐ No ☐ N/A
If 'yes' please provide details. _____

HIRING PRACTICES *continued*

10. Are seasonal/temporary or causal/day labors employed? ☐ Yes ☐ No ☐ N/A
11. How often are seasonal/temporary or casual/day laborers employed? (daily, weekly, monthly) _____
12. How are seasonal/temporary or causal/day laborers hired? _____
-
13. Do you have any volunteer workers? ☐ Yes ☐ No ☐ N/A
If 'yes', please provide details. _____
-
14. Are there any employees subject to a collective bargaining agreement (CBA)? *If 'yes', please provide a copy.* ☐ Yes ☐ No ☐ N/A
15. Are there any employees under 16 or over 60 years of age? *(not applicable in CA)* ☐ Yes ☐ No ☐ N/A
16. Do any employees work remotely from home? ☐ Yes ☐ No ☐ N/A

SAFETY PRACTICES

1. Has a safety or loss control inspection been performed in the past year? ☐ Yes ☐ No ☐ N/A
If 'yes', please provide a copy of any recommendation developed and actions taken to correct them.
2. Is there a formal, written safety program in place for occupational injuries? Please provide a copy. ☐ Yes ☐ No ☐ N/A
3. Is there a set procedure for reporting claims, including an accident reporting form? ☐ Yes ☐ No ☐ N/A
4. Are workplace injuries investigated and root cause analysis documented? ☐ Yes ☐ No ☐ N/A
5. Has a job hazard analysis been completed for each job description? ☐ Yes ☐ No ☐ N/A
6. Is there a Wellness program in place? Please attach a copy. ☐ Yes ☐ No ☐ N/A
7. Are safety incentives related to Workers' Compensation offered? If 'yes', please specify. ☐ Yes ☐ No ☐ N/A
8. Do you have a written and implemented "Return to Work" program? Please attach a copy. ☐ Yes ☐ No ☐ N/A
9. Do you provide a medical plan for your employees? ☐ Yes ☐ No ☐ N/A
If 'yes', what is the percentage of employees enrolled? _____
10. Is there a contracted medical provider to treat injured employees? ☐ Yes ☐ No ☐ N/A

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

Applicant's Statement - Important! Read Before Signing.

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and be part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the application materials shall be deemed to be attached to and be part of the policy.

Applicant understands and acknowledges the following:

The insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval had been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issues in reliance on the information, statements, warranties and representations contained therein, and that policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of

Applicant, contain information that is incomplete, false, or misleading.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

California Applicants: For your protection. California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Agency Name: _____

Signature: _____

Broker's Authorized Signature

Date: _____

Applicant's Name: _____

Signature: _____

Applicant's Authorized Signature

Date: _____



**NATIONAL
INTERSTATE**
INSURANCE.
Member of Great American Insurance Group

WORKERS' COMPENSATION REQUIRED UNDERWRITING INFORMATION CHECKLIST

- ☐ National Interstate Workers' Compensation Application (signed)
- ☐ Loss Runs for each applicable entity (company loss runs for the current year and four (4) prior years valued within the past 60 days, along with the circumstances of all claims in excess of \$25,000)
- ☐ E-Mod worksheets for each applicable entity and state
- ☐ Independent Owner Operator/ Independent Contractor Agreement (if applicable)
- ☐ Permanent/Exclusive Lease Agreement (if applicable)
- ☐ Waiver of Subrogation Agreement (if applicable)
- ☐ Hold Harmless Agreement (if applicable)
- ☐ Collective Bargaining Agreement (CBA) (if applicable)
- ☐ Physical Abilities Testing Program (PATs) (if applicable)
- ☐ Written Safety Program (if applicable)
- ☐ Return to Work (RTW) (if applicable)

Addendum A**Location Information (Continued from Page 2)**

	Address	Class Code	Payroll	Number of Employees	Average Weekly Wage
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Addendum B

Payroll History (Continued from Page 2)[illegible]