



TOWING & RECOVERY OPERATIONS PRIMARY APPLICATION

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

National Interstate Insurance Company
Triumph Casualty Company

National Interstate Insurance Company HI
Vanliner Insurance Company

BROKER INFORMATION

Agency: _____ Producer: _____
Are you the incumbent? ☐ Yes ☐ No If yes, for how long? _____

SUBMISSION INFORMATION

Requested Effective Date: _____ Requested Quote Date: _____
If this is a mid-term move request, why is insured seeking this? _____

REQUESTED COVERAGES - select all that apply

- ☐ Auto liability ☐ Auto Physical Damage ☐ General Liability ☐ Garage Keepers
☐ On-Hook Cargo ☐ Property / Inland Marine ☐ Motor Truck Cargo ☐ Excess Liability/Umbrella

APPLICANT INFORMATION

Business Name: _____ DBA: _____
Owner Name: _____ Business Phone Number: _____
Principal Contact: _____ Principal Email Address: _____
Mailing Address: _____
Website: http:// _____
Years in business: _____ # Years of experience in waste management: _____
Company is: (select one) ☐ Corporation ☐ Partnership ☐ LLC ☐ Municipality ☐ Sole Proprietorship
FEIN: _____ MC DOCKET: _____ U.S. DOT: _____ CA MCP: _____

CURRENT INSURANCE

Auto Liability	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Auto Physical Damage	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
General Liability	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Workers' Compensation	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Garagekeepers	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
On-Hook Cargo	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Motor Truck Cargo	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Property/Inland Marine	Carrier: _____	Premium: \$ _____	Deductible: \$ _____
Excess Liability/Umbrella	Carrier: _____	Premium: \$ _____	Limit: \$ _____

Above premium figures are: ☐ Expiring ☐ Target Indication Total Package: \$ _____

Has your insurance been cancelled or non-renewed in the past 5 years for non-pay or loss history? (Not applicable in MO) ☐ Yes ☐ No
Has your insurance been obtained in the past 4 years through an Assigned Risk Plan? ☐ Yes ☐ No
Have you filed for / contemplated filing for bankruptcy or has bankruptcy proceedings been initiated against you by another party? ☐ Yes ☐ No
Has your operating authority ever been suspended, revoked or received notice of intent to suspend? ☐ Yes ☐ No
Is equipment operated under your company's authority scheduled on your policy's driver and vehicle schedule? ☐ Yes ☐ No
Do you provide workers compensation for all employees? ☐ Yes ☐ No

VEHICLES - PROJECTIONS & HISTORICAL FIGURES

	Projected	Current	Prior Year	2nd Prior	3rd Prior	4th Prior
Light Units						
Medium Units						
Heavy Units						
X-Heavy Units						
Heavy Truck Tractors						
PPT / Service Units						
Trailers						
Gross Revenue						
Total Miles						
Total Dispatched Calls						

LOCATION INFORMATION

Address (including zip code)	Fenced?	Locked at Night?	Alarm?	Avg. # of Units	Max # of Units	Use of Location	GKLL Limit Requested

OPERATION QUESTIONS

Industry associations currently involved in: _____

Please list any operational changes in the last 5 years, if any: _____

Does your business have any subsidiary, or is subsidiary of another entity?

If yes, please list: _____

Does your operation perform the following?

Aircraft Transport ☐ Yes ☐ No Underwater Recovery ☐ Yes ☐ No Lifting/Rigging Work ☐ Yes ☐ No

How many of the following plates are issued to your company?

Dealer Plates _____ Used for: _____

Transportation Plates _____ Used for: _____

Repossession Plates _____ Used for: _____

What work do you subcontract? _____

All sub-contractors must be identified below or there is no coverage. If more space is needed, please provide additional list with submission

1. _____ Revenue: _____ % 2. _____ Revenue: _____ %

3. _____ Revenue: _____ % 4. _____ Revenue: _____ %

Do you have any guarantee, warranties, hold harmless or waiver of subrogation agreements in place? ☐ Yes ☐ No

If yes, please list: _____

Do you store customer vehicles on public streets or premises? ☐ Yes ☐ No

OPERATIONS BREAKDOWN - must equal 100%

Towing	%	Auto Body Work	%	Drive-Away Operations	%
Auto Sales	%	Tire Sales	%	Voluntary Repossessions	%
Salvage Operations	%	C-Store or Gas Sales	%	Involuntary Repossessions	%
Auto Hauling	%	Auto Part Sales	%	Other: (describe below)	%
Equipment Hauling	%	Auto Repair Work	%		

TOWING AGREEMENTS - must equal 100%

Incidental	%	Commercial Contracts	%	Copart / IAA, etc.	%
Motor Club	%	General Public	%	Private Property	%
Other: (describe below)	%	Police/Highway Rotation	%	Dealerships	%

RADIUS BREAKDOWN - must equal 100%

0-25 miles _____ % 26-50 miles _____ % 51-100 miles _____ % 100+ miles _____ %

DRIVER HIRING & SAFETY QUESTIONS

SAFETY & TRAINING

Do you have a written safety policy? ☐ Yes ☐ No If yes, please provide policy.

Do you participate in remedial driver training? ☐ Yes ☐ No If yes, is it documented? ☐ Yes ☐ No

Do you participate in recurrent driver training? ☐ Yes ☐ No If yes, is it documented? ☐ Yes ☐ No

Who is responsible for safety at company? (name & position) _____

yrs. with company: _____ yrs. in safety: _____ % of time spent on safety: _____

How often are safety meetings? _____

Are safety meetings mandatory? ☐ Yes ☐ No Are meetings documented? ☐ Yes ☐ No

Do you have a safety award/incentive program? ☐ Yes ☐ No

If yes, please describe: _____

How often are updated MVRs pulled and added to driver file? _____

Do you maintain driver files in full compliance with DOT regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you allow use of mobile devices (ex: cell phones) while driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide policy
Do you have a written disciplinary policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide policy
What steps are taken when a driver develops an unacceptable record?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all drivers properly licensed and DOT compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all drivers been driving similar vehicle for 2+ years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any drivers under 21 years old, including family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written drug testing policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide policy
What steps are taken when a driver develops an unacceptable record?	_____	
What percentage of routes are subject to route supervision?	_____ %	
Please describe driver supervision process:	_____	
Do you utilize a defensive driving program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, what program? (ex. Smith System)</i>	_____	How many certified trainers do you have? _____
Do you maintain an accident register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you report all accidents, including 'report only' claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you conduct periodic accident analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a formal Return-to-Work Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is it written & documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many owner/operators do you currently utilize?	_____	
Do you currently utilize Automated Event Recorders (AER cameras)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you subscribed to a telematics program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which program?	_____	How many vehicles are outfitted? _____

DRIVER HIRING

Min. Driver age: _____	Max. Driver age: _____	Min. # of years with commercial driver license: _____
Minimum # of years of U.S. driving experience? _____	# of acceptable violations/suspensions on MVR? _____	
Do you have a written criteria for acceptable MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any automatic disqualifications from hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
New Driver hiring selection procedures include use of the following (select all that apply)		
<input type="checkbox"/> Written Application	<input type="checkbox"/> Pre-Hire Physical (full medical)	<input type="checkbox"/> Previous employer checks
<input type="checkbox"/> MVR Check	<input type="checkbox"/> PATS (Physical Ability Testing)	<input type="checkbox"/> Interview
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Road Test	<input type="checkbox"/> PSP (Pre-Employment Screening Program)
<input type="checkbox"/> Written Test	<input type="checkbox"/> Other: _____	
Additional notes on driver hiring criteria: _____		
Who administers driver hiring & new driver training? (name & position) _____		
Is new hire orientation & training required for all new-hires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is new hire orientation & training documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
New driver orientation consists of the following training: (select all that apply)		
<input type="checkbox"/> Classroom training	<input type="checkbox"/> Ride along with management	<input type="checkbox"/> Equipment familiarization
<input type="checkbox"/> Review of safety policies	<input type="checkbox"/> Ride along with experienced driver	<input type="checkbox"/> Handling commodities
<input type="checkbox"/> Review of company rules	<input type="checkbox"/> Accident reporting	<input type="checkbox"/> Other: _____
In the past year, how many drivers were hired? _____	How many drivers were terminated? _____	
Do you agree to report all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MAINTENANCE QUESTIONS

Do you have a written maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For vehicles owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Maintenance Manager: _____	Yrs. with company: _____	Yrs. in maintenance: _____
Total number of mechanics: _____	# Part-Time: _____	# Full-Time: _____
What training have the mechanics or body shop workers received?	<input type="checkbox"/> Fact. Trained	<input type="checkbox"/> Certified <input type="checkbox"/> Other
Do you utilize any maintenance software?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: _____
Which of the following do you have on-site?		
<input type="checkbox"/> Parts Department	<input type="checkbox"/> Body Shop	<input type="checkbox"/> Service Bays <input type="checkbox"/> Controlled Inspection Reports
If you do not have a facility on-site, please describe your maintenance program: _____		
Do you utilize Pre/Post Trip inspection technology/software? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often are Pre/Post Trip inspections conducted?	<input type="checkbox"/> Every Trip	<input type="checkbox"/> Daily <input type="checkbox"/> Other: _____

How often are brakes inspected?	_____
How long are maintenance records retained?	_____
What is your vehicle replacement policy?	_____
Do you use retreads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company own a crushing machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any spray painting or welding performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL LIABILITY

Do you work on miscellaneous equipment that is not owned by the entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Insured involved in any business activity other than trucking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant lease property or mobile equipment to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant sell any product either wholesale or retail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have cameras or alarms on the storage lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any part of the business is shared with another business, do you have clearly defined boundaries, as well as signed business exclusions in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the public allowed to remove parts from vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have signs posted prohibiting customers in work area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have canines on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EQUIPMENT QUESTIONS

Are employees permitted to take company vehicles home at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep keys to all autos in a safe and secure place at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any owned vehicles not to be covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any towing equipment that is not permanently attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any leased vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any tows involving hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety chains and tow lights used on every tow, regardless of distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize any of the following? If so, please provide additional details & equipment value below:	
Radius (not permanently installed)	Value: \$ _____ Equipment Details: _____
Tools	Value: \$ _____ Equipment Details: _____
Telephones	Value: \$ _____ Equipment Details: _____
Special equipment	Value: \$ _____ Equipment Details: _____
Misc. tools	Value: \$ _____ Equipment Details: _____
Other _____	Value: \$ _____ Equipment Details: _____

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: Important! Read Before Signing

I, the undersigned applicant (Applicant), hereby applies for a policy of insurance as set forth in this Application on the basis of information and statements contained in the Application, all supporting and supplementary documents, and this Applicant's Statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and a 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 Insurers receipt and consideration of the Application Materials, by National Interstate and it's subsidiaries (Insurer) 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 coverage can be bound only by Insurer's authorized representative.

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 applicable 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. If Insurer obtains such reports, Insurer will provide information required by law to Applicant.

Any person, who knowingly and with intent to defraud any insurance company or other person, files and 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: _____

Producer Name: _____

Producer Signature: _____

Date: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____





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

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.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 wavier 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 casual/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 casual/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]