



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

CRANE, RIGGING & SPECIALIZED CARRIERS SUPPLEMENTAL APPLICATION

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

National Interstate Insurance Company

National Interstate Insurance Company HI

Triumph Casualty Company

Vanliner Insurance Company

BROKER INFORMATION

Agency: _____ Date: _____ Quote Date: _____
Effective Date: _____ To: _____ Producer's Name: _____ Email: _____
How long has your agency written this applicant? _____

APPLICANT INFORMATION

Applicant's Legal Name: _____
DBA (if applicable): _____
Street Address: _____
Include City, State and Zip

Mailing Address: _____
If different from street address

Telephone: _____ Email: _____
FEIN/SSN: _____ Website: _____

Have you owned a similar business or had any change in ownership, management or name of your business
in the past five years? ☐ Yes ☐ No If yes, please explain: _____

Is your business a subsidiary of another entity or does your business have any subsidiaries? ☐ Yes ☐ No

If yes, please provide details:

Owner(s) active in business? ☐ Yes ☐ No Owner's Name: _____ Years of Experience: _____

KEY MANAGEMENT PERSONNEL

Title	Name	Yrs in Position	Phone
President/CEO	_____	_____	_____
Operations Manager	_____	_____	_____
Safety Director	_____	_____	_____
Years in Business: _____	Under current mgmt since (YYYY): _____		

OTHER KEY INFORMATION

Operating Authority

- ☐ Common Carrier
☐ Contract Carrier
☐ Private Carrier
☐ Freight Broker

Key Numbers

Federal Tax ID/SSN: _____
State Tax ID: _____
MC Docket #: _____
US DOT #: _____

ADDITIONAL NAMED INSURED, SUBSIDIARIES & AFFILIATES

Name _____	City _____	State _____
Relationship to Insured _____		
Description of Business _____	US DOT # _____	MC # _____
Name _____	City _____	State _____
Relationship to Insured _____		
Description of Business _____	US DOT # _____	MC # _____

GENERAL INFORMATION

OPERATIONS (general) - attach additional sheets if necessary

Describe the business' operations - please be specific:

CURRENT POLICY INFORMATION

Line	Limit	Deductible	Carrier	Premium
Auto Liability				
Auto Physical Damage				
Cargo				
General Liability				
Excess				

MANDATORY UNDERWRITING QUESTIONS

During the past 5 years, has your insurance ever been obtained through an Assigned Risk Plan?

☐ Yes ☐ No

If yes, please explain: _____

Has any company provided notice of cancellation/non-renewal or otherwise cancelled/refused to renew your insurance, including during the current term?
(Question not applicable in Missouri)

☐ Yes ☐ No

If yes, please explain and attach a copy of the cancellation/non-renewal notice. _____

Do you provide Workers' Compensation for all employees?

If yes, carrier name: _____

☐ Yes ☐ No

If no, please explain: _____

Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party?

☐ Yes ☐ No

If yes, please explain: _____

Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend?

☐ Yes ☐ No

If yes, please explain: _____

Does your operation use Tower Cranes?

☐ Yes ☐ No

If yes, how many: _____

COMMODITY INFORMATION

Commodity Type Hauled/Lifted	% of Gross Receipts	Per Unit Avg Value	Per Unit Max Value
	%		
	%		
	%		
	%		

Main Contracts	% of Gross Receipts	Per Unit Avg Value	Per Unit Max Value
	%		
	%		
	%		
	%		

Radius - indicate as a % what amount of your operations fall within the following:			
<50 Miles	%	50-200 Miles	%
201-500 Miles	%	501+ Miles	%

Most Frequented Major Cities/Routes		
From	To	% of Jobs
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAINTENANCE

Maintenance program is provided for:

☐ Company Vehicles

☐ Owner/Operators

☐ Others

Vehicle maintenance is:

☐ Internal

☐ External (body)

☐ Both

Indicate which of the following you have:

☐ Parts Dept

☐ Body Shop

☐ Service Bays

Are pre/post trip inspections made regularly?

☐ Yes ☐ No

Number of full time maintenance personnel: _____

What records are kept for all vehicles (list): _____

Describe your vehicle replacement policy: _____

SAFETY - Attach copy of safety program

Describe the Safety Director's duties: _____

Describe any safety award program: _____

How often are safety meetings held? _____

Are meetings mandatory? ☐ Yes ☐ No

Is your safety profile ordered regularly?

☐ Yes ☐ No

Is a program in place for dealing with drivers who have accidents? ☐ Yes ☐ No

Please describe (or attach documentation for) any program in place for dealing with drivers who have accidents: _____

Do you maintain an accident register & conduct periodic accident analysis?

☐ Yes ☐ No

Are private passenger and/or service vehicles allowed to be used for personal use?

☐ Yes ☐ No

What is your policy regarding authorized guest passengers? _____

What is your policy regarding speeding? _____

☐ Yes ☐ No

Which of the following are included in driver files? (Check all that apply.)

☐ Application

☐ Reference Checks

☐ MVR

☐ Disciplinary Warnings

☐ Road Test Results

☐ Copy of License

☐ Accident Reviews

☐ Written Test Results

☐ Interview Results

☐ Training Records

☐ List of Convictions

☐ Physical Exam Results

SAFETY - continued

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

Are there any current drivers with citations for DWI, DUI, or reckless operation? ☐ Yes ☐ No

How often are drivers reviewed and by whom are they reviewed? _____

What disciplinary action is taken when drivers develop unacceptable records? _____

Do you have a defensive driving program in place? ☐ Yes ☐ No

Do you have remedial training in place? ☐ Yes ☐ No

DRIVER INFORMATION - Please attach driver schedule

Enter the total number of drivers that are:

Employees: _____

Owner/Operators: _____

Subhauers: _____

Total Drivers: _____

In the past year, how many drivers were hired: _____

Terminated: _____

What amount of experience is required? Miles: _____

Years: _____

Minimum Age: _____

Wages are based on: ☐ Hours ☐ Revenue ☐ Miles ☐ Trips

What is the average annual driver pay? _____

How often are drivers home? _____

Your driver selection procedures include the use of: (check all that apply)

☐ Written Application ☐ MVR Check ☐ Interview ☐ Drug Test

☐ Written Test ☐ Pre-Hire Physical ☐ Reference Checks ☐ Driving Tests

Your driver indoctrination includes: (check all that apply)

☐ Familiarization with equipment ☐ Familiarization with routes ☐ Procedures for accident reporting

☐ Familiarization with company rules ☐ Training in handling commodities

Who administers the driver hiring process? _____

Length of training program: _____

Is the training program required? ☐ Yes ☐ No

Do all drivers have at least 5 yrs of U.S. driving experience? ☐ Yes ☐ No

CARGO

Desired liability limit per vehicle: \$ _____

Desired Terminal Limit: \$ _____

Desired deductible: \$ _____

Desired Disaster Limit: \$ _____

Is cargo carrying equipment with an alarm system? ☐ Yes ☐ No

Any red label materials? ☐ Yes ☐ No

Is garbage hauled? ☐ Yes ☐ No

Is regular DOT bill of lading issued? ☐ Yes ☐ No

If no, attach a copy of form used.

Does applicant haul containerized cargo? ☐ Yes ☐ No

PHYSICAL DAMAGE

A vehicle schedule with the year, make, model, VIN and stated value is required at submission

Comprehensive/Collision Deductible: \$ _____

Total Stated Values (vehicles and trailers): _____

Total # of Trailers Requiring PD Coverage: _____

Insured requires Trailer Interchange Coverage? ☐ Yes ☐ No

Trailer Interchange Limit Required: _____

How many trailers are interchanged each month? _____

GENERAL LIABILITY

Sq. footage of Lots: _____

Sq. footage of garage facilities: _____

Deductible Requested? \$ _____

Does applicant lease property or mobile equipment to others? ☐ Yes ☐ No

Does applicant do any rigging? ☐ Yes ☐ No

Does applicant work on equipment not owned by the company? ☐ Yes ☐ No

Does applicant have underground or above ground storage facilities? ☐ Yes ☐ No

Does applicant sell any product either wholesale or retail? ☐ Yes ☐ No

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 its 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 Name: _____

Applicant Signature: _____

Date: _____



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CRANE & RIGGING SUPPLEMENTAL

CLASS DESCRIPTION	Class Code	Projected Annual Payroll	Projected Annual Gross Sales
Contractors Equipment-Cranes, derricks, power shovels and equipment incidental thereto - rented to others with operators.	11201		
Contractors Equipment-Cranes, derricks, power shovels and equipment incidental thereto - rented to others without operators.	11202		
Machinery or Equipment-Industrial, installation, servicing or repair (this classification includes millwright work and incidental rigging work) - Millwright	97222		
Rigging-Not ship or boat	98658		
Truckers-Specialized including oversize, overweight, and machinery transport.	99793		
Contractors Equipment-Other than cranes, derricks, power shovels and equipment incidental thereto - rented to others with operators.	11207		
Contractors Equipment-Other than cranes, derricks, power shovels and equipment incidental thereto - rented to others without operators.	11208		
Metal Erection-Structural	97655		
Other (describe):			
Other (describe):			

HISTORICAL REVENUE

Gross Receipts							
Year	11201/11202 Crane Rental w/ and w/o Operators	97222 Millwright	98658 Rigging not ship/boat	11207/11208 Equip Rental other than Cranes w/ and w/o Operators	99793 Truckers	Other (describe)	Total Gross Receipts
Projected							
Current Year							
1st Prior							
2nd Prior							
3rd Prior							
4th Prior							

HISTORICAL VEHICLE COUNT

Year	Ex-Hvy Tractors/Trucks	Heavy Tractors/Trucks	Medium Trucks	Light Trucks/Service/Escorts	Trailers
Current					
1st Prior					
2nd Prior					
3rd Prior					
4th Prior					

PLEASE ATTACH CRANE & VEHICLE FLEET SCHEDULES AND NOTE ALL MOBILE CRANES LICENSED FOR ON-THE-ROAD.

OPERATIONS - please list % projects of applicant's work

Operations	%	Operations	%	Operations	%
HVAC Units		Building Materials		Gas Company	
Signs		Equipment/Machinery		Refineries	
Stevedoring		Road/Highway/Bridge		Power Lines/Utility	
Steel Beams		Marina/Pier		Industrial Plants	
Trusses		Commercial Constr.		Railroad	
Other (describe):					

Describe the items typically lifted:

Describe any work on or adjacent to bodies of water, including dams and bridge work:

Describe any blasting/demolition and wrecking and/or mining operations:

Describe the nature of any Millwright work:

Do you do tandem lifts? If yes, please list %.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Do you lift items >150 ft.? If yes, please list %.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Do you work with or operate tower cranes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your operation include welding/fabrication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you conduct operations within 50 feet of explosives? If yes, please list %.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Do you do work within 50 feet of a railway?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you unload railcars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your operations involve utility and power line work? If yes, please list %.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
If working with utility lines, do you have the Utility Company de-energize the power?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you utilize personnel buckets? If yes, please list %.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Are you a licensed general contractor? If yes, please list % of operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Do any part of your operations include project management for others? If yes, list % of operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Avg On-Hook \$ Exposure: _____	Max On-Hook \$ Exposure: _____	

COMPLETE IF OPERATIONS INCLUDES EQUIPMENT RENTAL TO OTHERS

Do you verify qualifications of the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide training or instruction on how to operate leased equipment to the leasing party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform pre-rental inspection & tests on all equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is equipment operated by the same party in which the rental contract has been entered with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a signed/written agreement on who is responsible for operator qualification & training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain a certificate of insurance of equal or greater limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require to be named as an additional insured on both the leasing & operating party's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require renters & operators to hold you harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you keep records on file for at least 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any Bare Rental Agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEES AND OPERATORS

# of Operators & Oilers - Union		# of Non-Union	
# of Operators		# of Oilers	
# of CCO Certified Operators		# of Riggers	
# of Signal Operators		# of All Other Employees	

LOSS CONTROL AND MAINTENANCE

Do you have a formal written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are regular safety meetings held with employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a screening process of new employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a minimum age for operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum experience requirement for operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a scheduled maintenance program for crane and other equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a written form used for crane inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your cranes certified? If yes, how often and by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your operators certified? If yes, how often and by whom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been cited by OSHA or had a reportable incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the year, description & amount of fine: _____	

Do you use a job ticket with contractual language for each job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain actual weight of the item prior to lift and record on the job ticket?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are load charts used for lifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a safety checklist prior to each lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you inspect your slings/chains prior to each lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you inspect the rigging performed by others prior to operating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are level/book angle indicators available and used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AN INSURANCE EXPERIENCE BUILT AROUND YOU®

SPECIALIZED CARRIER/HEAVY HAUL SUPPLEMENTAL

MILEAGE & REVENUE

Year	Trucking Revenue	Brokerage Revenue	Total Miles	# of Co. Power Units	# of Owner / Operator Units	Service / Private Pass / Pilot Cars
Projection (next 12 mos.)						
Current Policy Year						
1st Prior Year						
2nd Prior Year						
3rd Prior Year						
4th Prior Year						

Please list the % of loads that are oversize / overweight: _____ % Use escort vehicles? ☐ Yes ☐ No Provider: _____

What is the average length of a haul? _____ What is the maximum length of a haul? _____

Do you haul any electronic goods, cigarettes, alcohol, tires, seafood, or any other high value cargo? ☐ Yes ☐ No

If yes, list other high value cargo: _____

Indicate, as a % of total operations, how much your organization participates in each operation type listed below:

Regular Route: _____ % Irregular Route _____ % Just-In-Time _____ % Hot-Shot _____ %

MAINTENANCE

Describe your tire replacement policy: _____

Describe if and when retreads are used: _____

If you do not have your own maintenance/repair facility, please describe the maintenance program for owned and owner/operator equipment: _____

SAFETY

What safety technology devices are you using?

- | | |
|---|---|
| <input type="checkbox"/> Accident Event Recorders _____ % of fleet | <input type="checkbox"/> Electronic Logs _____ % of fleet |
| <input type="checkbox"/> Electronic On-Board Recorders _____ % of fleet | <input type="checkbox"/> Anti-Rollover Devices _____ % of fleet |
| <input type="checkbox"/> Other _____ | |

BROKERAGE

Do you, for compensation, arrange for the transportation of property by other motor carriers? ☐ Yes ☐ No

Are current certificates on file for all brokered loads? ☐ Yes ☐ No

Do you have brokerage authority? ☐ Yes ☐ No Under the same name? ☐ Yes ☐ No

% of brokerage under the same name? _____ %

Do your broker both exempt & non-exempt loads? ☐ Yes ☐ No

Do you rent or lease to others? ☐ Yes ☐ No Do you rent or lease with drivers? ☐ Yes ☐ No

Non-driver payroll amount: _____

To whom do you rent or lease? _____

Do you rent/lease for long terms? ☐ Yes ☐ No Do you rent/lease for trips? ☐ Yes ☐ No

Describe controls on brokered loads: _____

IF OWNER/OPERATORS ARE USED

Are permanent/exclusive lease agreements used? ☐ Yes ☐ No Are drivers subject to insured's hiring standards? ☐ Yes ☐ No

Are trip lease agreements used? ☐ Yes ☐ No Are driver files maintained by the insured? ☐ Yes ☐ No

Is equipment inspected by the insured? ☐ Yes ☐ No

Is owner/operator equipment subject to the same maintenance program as owned equipment? ☐ Yes ☐ No

Do you include the owner/operator's mileage in your IFTA reporting? ☐ Yes ☐ No

Are all owner/operators required to carry at least \$500,000 non-trucking liability (bobtail)? ☐ Yes ☐ No

Are certificates on file? ☐ Yes ☐ No

Is the insured listed as an additional insured? ☐ Yes ☐ No

Explain controls on owner/operator non-trucking liability: _____



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WORKERS' COMPENSATION APPLICATION

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☐ 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 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 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: _____

Date: _____

Broker's Authorized Signature

Applicant's Name: _____

Signature: _____

Date: _____

Applicant's Authorized Signature



**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					
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25					
26					

Addendum B

Payroll History (Continued from Page 2)[illegible]