

ICOA Renewal Application

The information requested below is essential to enable us to expedite a renewal. This information will be the basis on which we will competitively underwrite the account. Although specific data is requested, the account may present unique characteristics which will require additional information and will be requested if needed.

Account Information

Legal Name: _____ DBA: _____

Individual Corporation Limited Corp. Partnership Subchapter "S" Corp. Other: _____

List (or attach) subsidiary(s) or combinable entities if coverage is requested: _____

Physical Address (Domicile State): _____
 Street City State Zip

Mailing Address: _____
 Street City State Zip

Contact Person: _____ Telephone: _____ Email: _____

No. of Years in Business	No. of Contractors	No. of Owners/ Operators	No. of Contract Drivers	No. of Team Drivers

Account Information: Trucking List all commodities hauled by percent of total for the year:

%	%	%	%	%
Does the Account Haul: <input type="checkbox"/> Hazardous/Waste Material <input type="checkbox"/> Logging <input type="checkbox"/> Explosives <input type="checkbox"/> Flammables <input type="checkbox"/> Refuse <input type="checkbox"/> Radioactive				
Type of Carrier: <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Private <input type="checkbox"/> LTL: % <input type="checkbox"/> Truckload: % <input type="checkbox"/> Driver Load/Unload: %				
Method of Driver Compensation: <input type="checkbox"/> Mileage <input type="checkbox"/> Revenue <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Other(details): _____				
If Bonus Pay Program is available, please detail: _____				
Radius of Round-Trip in Miles (percent): Over 500: _____ % 499 – 200: _____ % 199 – 50: _____ % Under 50: _____ %				
Driver's Average Length of Haul in Miles: _____ Driver's Average Duration of Haul in Days: _____				
Type of Equipment Van: % Refrigerated: % Flatbed: % Tanker: % Dump: % Double Trailers: %				
by Percent of Total: Oversize/Overweight: % Other: % details: _____				
Does account allow passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____				
Check One: Backhaul policy is: <input type="checkbox"/> under the control of ACCOUNT <input type="checkbox"/> at the discretion of the DRIVER				
Please detail: _____				
Are drivers required to report daily? <input type="checkbox"/> Yes <input type="checkbox"/> No List Account Terminal Locations (<input type="checkbox"/> list attached): _____				

Safety Information

Motor Carrier's ID Number: _____ Motor Carrier's DOT Number: _____

Does account have a full-time safety director? Yes No Name: _____

How often are safety meetings conducted? _____ Are Owners/Operators required to attend? Yes No

How often are Owners/Operators MVRs reviewed? _____ Minimum Age: _____ Maximum Age: _____

What MVR violation would cause Owners/Operator's lease agreement to be "inactive": _____

Account Name:

Requested effective date of coverage:

Has the account been informed, and acknowledges:

- 1. Occupational Accident coverage is not Workers' Compensation Insurance. Yes No
- 2. Occupational Accident coverage does not eliminate the Applicant's responsibility to provide Workers' Compensation if required by applicable state law. Yes No
- 3. The Account is responsible for collecting premiums from the Independent Contractors and submitting them to this insurer or its duly authorized agent. Yes No
- 4. The Account and the Agent understands this form is submitted for underwriting consideration and does not bind any Agent, Carrier, or Administrator to coverage. Yes No
- 5. Coverage can be approved and made effective only in writing from the Account Administrator. Yes No

Representations:

The Independent Contractor Census lists only those individuals who:

- 1. Are compensated based on factors related to work performed, including a percentage of any schedule of rates or lawfully published tariff, and not on the basis of the hours of time expended;
- 2. Determine the details and means of performing the services, in conformance with regulatory requirements and operating procedures of the account;
- 3. Are at risk for the profit or loss of their individual businesses;
- 4. Have entered into individual written contracts with the applicant, which specify the relationship to be that of an independent contractor and not that of an employee.

Trucking Accounts:

The Independent Contractor Census compiled by the applicant lists only those individuals who own or lease long-term vehicle licensed and registered as a truck, road tractor, or truck tractor by a governmental agency and drive their vehicles as independent contractors under the operating authority of the applicant on a full-time exclusive contract basis. The undersigned also understands that losses resulting from injuries to those individuals who are not listed on the schedule on file with neither the insurer nor those individuals who are not Owner/Operators or Co-Drivers (e.g., employees of Owner/Operators or "Co-Drivers"), even if they are scheduled, would not be covered by the policy for which the applicant is seeking coverage.

- 1. Are responsible for the maintenance of their own vehicle;
- 2. Bear the principal burden of the vehicles operating costs, including fuel repairs, supplies, collision insurance and personal expenses of the driver while on the road;
- 3. Are responsible for supplying the necessary personnel to operate the vehicle, and the personnel are considered to be the owner-operator's employees;

The undersigned acknowledges and understands that losses resulting from injuries to those individuals who do not meet the above requirements would not be covered by the policy for which the applicant is seeking coverage, even if they were scheduled. It is also understood by the undersigned applicant that the applicant will be responsible for submitting premiums in aggregate to the insurer or its duly authorized agent.

The undersigned applicant and the applicant's insurance broker certify that all answers and statements provided on this application, including any loss runs or other attachments, are true and complete to the best knowledge of each.

Signature of Applicant / Account: _____ Date: _____
 Applicant Name (Printed): _____ Title: _____
 Signature of Producer: _____ Date: _____
 Producer Name (Printed): _____ Agency Name: _____
 Telephone: _____ Email: _____
 Address: _____
 Street City State Zip