



QUESTIONNAIRE
Transportation Insurance Program

True Transport Insure
(Division of NSM Insurance Group)
555 North Lane, Suite 6060
Conshohocken, PA 19428

NOTE: There are 4 sections to this questionnaire. All sections must be completed for questionnaire to be accepted.

SECTION I: Policyholder Information

Motor Carrier Name\*:
Street Address:
City: State: Zip Code:
Contact Person: Title:
Telephone Number: Fax Number:
Email Address: USDOT Number:

\* If this Questionnaire is being completed for more than one insured or the above insured has more than one location, please provide:

Please complete the following:

- Number of years in business:
Number of independent Contractor Drivers to be covered:
How many are Owner-Operators? How many are Contract Drivers?
Please provide a copy of the most current drivers list.
Average annual miles per driver:
Radius of operation: 0-50 miles 50-200 miles 200+ miles
Max length of haul:
What do drivers haul?
Percentage of equipment:
Box Flatbeds Tankers Refrigerated
Container Dump Other (describe)

Please provide a copy of the most current equipment list for the Independent Contractor Drivers to be covered, including the named or registered owner of each listed piece of equipment.

- Do the drivers load or unload? Yes No If yes, what percentage of time?
Do drivers sign an independent contract? Yes No
If yes, provide a copy of the agreement.
Is the driver responsible for providing the truck? Yes No
Is the driver responsible for the operating costs of the truck, including fuel, repairs, supplies, physical damage insurance and personal expenses? Yes No
Is the driver responsible for hiring and supervising the necessary personnel to operate the truck? Yes No
Is the driver responsible for determining the time, means, and method of performance of the assignment? Yes No
Is the driver responsible for maintenance of the truck? Yes No
How are the drivers compensated?
Do you have employee drivers? Yes No If yes, how many?
Do drivers sign Owner-Operator Lease Agreements? Yes No
If yes, provide a copy of the Lease Agreement.

- Do you lease Contract Drivers from fleet operations?  Yes  No  
If yes, how many? \_\_\_\_\_
- Do you utilize Contract Drivers operating Company equipment?  Yes  No  
If yes, how many? \_\_\_\_\_
- Do you require that the Contract Drivers submit an application or enrollment form to you?  Yes  No
- Do you lease out drivers to other motor carriers?  Yes  No  
If yes, to whom and how many? \_\_\_\_\_
- Are Casual Laborers or Helpers used?  Yes  No  
If yes, where and how? \_\_\_\_\_
- Do you provide light or restricted duty for drivers?  Yes  No  
If yes, describe: \_\_\_\_\_

• Terminal locations (attach list if needed): \_\_\_\_\_

• Indicate number and type of drivers by state of residence:

Definitions:

**Owner-Operator (OO)** is an Independent Contractor (paid on a 1099) who owns and drives the truck unit.

**Contract Driver (CD)** is an Independent Contractor (paid on a 1099) who drives the truck for another owner.

<u>OO</u>	<u>CD</u>		<u>OO</u>	<u>CD</u>		<u>OO</u>	<u>CD</u>	
_____	_____	Alabama	_____	_____	Louisiana	_____	_____	Oklahoma
_____	_____	Alaska	_____	_____	Maine	_____	_____	Oregon
_____	_____	Arizona	_____	_____	Maryland	_____	_____	Pennsylvania
_____	_____	Arkansas	_____	_____	Massachusetts	_____	_____	Puerto Rico
_____	_____	California	_____	_____	Michigan	_____	_____	Rhode Island
_____	_____	Colorado	_____	_____	Minnesota	_____	_____	South Carolina
_____	_____	Connecticut	_____	_____	Mississippi	_____	_____	South Dakota
_____	_____	Delaware	_____	_____	Missouri	_____	_____	Tennessee
_____	_____	District of Columbia	_____	_____	Montana	_____	_____	Texas
_____	_____	Florida	_____	_____	Nebraska	_____	_____	Utah
_____	_____	Georgia	_____	_____	Nevada	_____	_____	Vermont
_____	_____	Hawaii	_____	_____	New Hampshire	_____	_____	Virginia
_____	_____	Idaho	_____	_____	New Jersey	_____	_____	Washington
_____	_____	Illinois	_____	_____	New Mexico	_____	_____	West Virginia
_____	_____	Indiana	_____	_____	New York	_____	_____	Wisconsin
_____	_____	Iowa	_____	_____	North Carolina	_____	_____	Wyoming
_____	_____	Kansas	_____	_____	North Dakota	_____	_____	
_____	_____	Kentucky	_____	_____	Ohio	_____	_____	<b>TOTALS</b>

• Provide details of minimum standards for Owner-Operators:

Minimum age: \_\_\_\_\_ Maximum age: \_\_\_\_\_

Minimum prior experience as an Owner-Operator: \_\_\_\_\_

Minimum prior experience driving similar equipment: \_\_\_\_\_

Maximum number of accidents permitted: # \_\_\_\_\_ In past \_\_\_\_\_ years

Maximum number of violations permitted: # \_\_\_\_\_ In past \_\_\_\_\_ years

Do you provide training for the Owner-Operator?  Yes  No

Describe any other criteria for qualifying Owner-Operators: \_\_\_\_\_

• Has an Owner-Operator or Contract Driver filed a Workers' Compensation claim in the past three (3) years?  Yes  No

If yes, what was the disposition of such claim(s): \_\_\_\_\_

• Provide information about Safety and Loss Control

Name of safety manager: \_\_\_\_\_

Number of years experience in loss prevention: \_\_\_\_\_ Number of years working with motor carrier: \_\_\_\_\_

Provide details of in force safety program: \_\_\_\_\_

- Please indicate the situs state where the **Policyholder's** contract is to be issued: \_\_\_\_\_
- Please indicate whether you have shipping contracts with hold harmless and/or indemnification language:  
 Yes       No      If yes, please list the accounts: \_\_\_\_\_
- Please indicate whether you require waiver of subrogation on any accounts:  
 Yes       No      If yes, please list the accounts: \_\_\_\_\_

**\*\*Please provide a copy of the standard settlement statement provided to the drivers.**

**SECTION II: Insurance Plan Design**

**A. OCCUPATIONAL ACCIDENT BENEFITS: request specific benefits and coverages per Accident to be quoted**

- 1. Death and Dismemberment Benefit:**       \$150,000       \$200,000       \$250,000  
 \$300,000       Other \$ \_\_\_\_\_
  - 2. Accident Medical Expense Benefit:**       \$300,000       \$500,000       \$1,000,000  
 Other \$ \_\_\_\_\_
- Maximum Benefit Period:       52 weeks       104 weeks  
 Hernia       Hemorrhoid       Other \_\_\_\_\_
- 3. Temporary Total Disability Benefit:**       \$400       \$500       \$600       Other \$ \_\_\_\_\_  
Benefit Waiting Period:       7 days       14 days  
Maximum Benefit Period:       52 weeks       104 weeks
  - 4. Continuous Total Disability Benefit:**       \$200,000       \$300,000       Other \$ \_\_\_\_\_  
 \$300,000       Other \$ \_\_\_\_\_

(Claimant must receive Social Security Disability Award to qualify for Continuous Total Disability Benefits)

- Does the motor carrier's lease agreement require the owner operator to purchase Occupational Accident?       Yes       No      Workers Compensation?       Yes       No
- Is there sponsored Occupational Accident coverage in force now?       Yes       No  
**If yes, provide copy of the policy and fill out chart below.**

If yes, who is the carrier? \_\_\_\_\_ What is the in-force rate? \_\_\_\_\_

Coverage Period	Coverage Type / Insurance Type	Premium Losses Incurred (include reserves)	Number of Drivers	Monthly Premium per Driver

If no, how is coverage being addressed? \_\_\_\_\_

**Experience: Please provide:** (1) the last three (3) years of Occupational Accident coverage loss runs. The losses should present detailed medical and indemnity claims both reserved and paid; and (2) a complete description of injury and circumstances of any loss to an Owner-Operator involving death, dismemberment, or TTD/CTD losses in excess of \$25,000.

**B. NON-OCCUPATIONAL ACCIDENT BENEFITS:**       Yes       No      **request specific benefits and coverages to be quoted**

- 1. Death and Dismemberment Benefit**       \$7,500       \$10,000       \$15,000       other \$ \_\_\_\_\_
- 2. Accident Medical Expense Benefit**       \$5,000       \$10,000       other \$ \_\_\_\_\_

**C. CONTINGENT LIABILITY:**  Yes  No

- Is the Broker licensed in the situs state for Surplus lines?  Yes  No  
If yes, please provide a license number: \_\_\_\_\_
- Is there a current Contingent Liability policy in force?  Yes  No  
If yes, complete the chart:

Insured Name	Policy Number	Term	Expiring Rate	State of Domicile

- Has any prior workers' compensation, contingent workers' compensation, contingent liability or similar coverage been declined, cancelled, or non-renewed in the past three years?  Yes  No  
If yes, please explain \_\_\_\_\_

- Has there ever been a loss under workers' compensation, contingent liability, or similar coverage where an owner-operator or contract driver has been deemed an employee?  Yes  No

**If yes, please provide the details of each loss:**

Date	Description	Amount of Loss

- Have there been any citations for any Occupational Safety and Health Administration (OSHA) violations in the last five years?  Yes  No  
If yes, please provide the details: \_\_\_\_\_

**Experience: Please provide the last three (3) years of Contingent Liability coverage loss runs.**

**D. OTHER COVERAGES:**

Passenger Accident:  Yes  No If yes, a separate Passenger Accident Questionnaire must be completed.

Agent/Broker: True Transport Insure Name of Firm: \_\_\_\_\_  
Street Address: 555 E. North Lane Suite 6060  
City: Conshohocken State: PA Zip Code: 19428  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Producer Number: \_\_\_\_\_ Commission: \_\_\_\_\_  
Email Address: \_\_\_\_\_

- Broker of Record for this risk?  Yes  No
- Is Broker licensed in contract situs state?  Yes  No
- Is the license a:  Resident License  Non-Resident License
- Is the license for:  Accident & Health  Property & Casualty  Both

**NOTE: THIS QUESTION MUST BE ANSWERED FOR QUESTIONNAIRE TO BE CONSIDERED:**

If yes, please provide license number:

**\*\*\*If you are a new agent for NSM Insurance Group, you will need to complete a new Broker Kit.**

**SECTION IV: Signature**

Questionnaire completed by: \_\_\_\_\_ (print name)

Title: \_\_\_\_\_  
(Risk manager or the person responsible for insurance procurement)

**Signature:** \_\_\_\_\_

On Behalf of Motor Carrier: \_\_\_\_\_ Date: \_\_\_\_\_