NAVESINK
ADMINISTRATIVE PROGRAM SERVICES

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QUESTIONNAIRE

NAVESINK ADMINISTRATIVE PROGRAM SERVICES
OCCUPATIONAL ACCIDENT INSURANCE

Motor Carrier: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Website: _____

USDOT #: _____ FEIN: _____

1. Terminal Locations - Attach a separate sheet if necessary: _____

_____

2. Describe/give percentages of commodities hauled. Attach separate sheet if necessary.

Commodity				
Percent Hauled				

3. What percentage of total truck loads are manually loaded or unloaded?

_____ %Manually Loaded _____ %Manually Unloaded _____ %None

4. Percentage of Trailers used are:

Box	Flatbed	Tanker	Dump	Refrigerated
%	%	%	%	%

Oversize	Overweight	Livestock	Intermodal	OTHER
%	%	%	%	%

5. Describe types and quantity of vehicles marked as “OTHER”: _____

_____

6. DRIVER CENSUS INFORMATION

Please complete the following or attach a list including state of residence and driver type:

Definitions:

Owner/Operator (OO) is an independent contractor who owns and drives One truck unit.

Contract Driver (CD) is an independent contractor who is paid on a 1099, but drives the truck for another owner. Owner must Not be the Motor Carrier named above.

Fleet Owner (FO) is an independent contractor who owns and drives a truck and has at least one other truck under contract to the trucking firm.

Fleet Driver (FD) * is a W-2 paid employee driver of a contracted fleet owner.

***Fleet Drivers may not be eligible for occupational accident coverage.**

State	OO	CD	FO	FD	State	OO	CD	FO	FD
Alabama					Montana				
Alaska					Nebraska				
Arizona					Nevada				
Arkansas					New Hampshire				
California					New Jersey				
Colorado					New Mexico				
Connecticut					New York				
Delaware					North Carolina				
D.C.					North Dakota				
Florida					Ohio				
Georgia					Oklahoma				
Hawaii					Oregon				
Idaho					Pennsylvania				
Illinois					Puerto Rico				
Indiana					Rhode Island				
Iowa					South Carolina				
Kansas					South Dakota				
Kentucky					Tennessee				
Louisiana					Texas				
Maine					Utah				
Maryland					Vermont				
Massachusetts					Virginia				
Michigan					Washington				
Minnesota					West Virginia				
Mississippi					Wisconsin				
Missouri					Wyoming				
Totals:					**Totals**				
O/O:					O/O				
CD:					CD				
FO:					FO				
FD*:					FD				

7. Radius of Operations: _____

0-50 Miles _____% Over 200 Miles _____% 51-200 Miles _____%

8. Is there any exposure to flammables, explosives, caustics, or fumes? ☐ Yes ☐ No
If Yes, please explain and provide percentage of exposure:

_____

9. Is there any exposure to radioactive materials? ☐ Yes ☐ No
If Yes, please explain and provide percentage of exposure:

_____

10. Please describe safety program (attach separate sheet if necessary):

_____

11. Describe new-driver screening procedures for hiring leased Owner-Operators and/or Contract Drivers:

_____

12. Have you had Occupational Accident Insurance or Workers' Compensation coverage on your leased Owner/Operators and/or Contract Drivers previously? ☐ Yes ☐ No

If Yes, please complete below and attach available loss runs and benefits.

Coverage Period	Insurance Company	Numbers of Drivers	Earned Premium	Numbers of Losses	Incurred Losses

13.Desired **Occupational Accident** Benefit Limits & Coverage (or attach current schedule):

Accidental Death & Dismemberment:
☐ $100,000 ☐ $150,000 ☐ $200,000 ☐ $250,000 ☐ $300,000 ☐ $500,000

Accidental Medical Expense:
☐ $150,000 ☐ $250,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000

Temporary Total Disability:
☐ $350 ☐ $400 ☐ $450 ☐ $500 ☐ $550 ☐ $600 ☐ $650 ☐ $700

Continuous Total Disability: ☐ Yes ☐ No

Non-Occupational Accident benefits: _____ AD&D
_____ MED

Passenger Accident benefits: _____ AD&D
_____ MED

Other: _____