Group Application
Occupational Accident Insurance

ZURICH

Zurich American Insurance Company
1400 American Lane
Schaumburg, Illinois 60196

APPLICANT INFORMATION

Applicant's Legal Name: _____ USDOT #: _____ Tax ID #: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Facsimile: _____ Website: _____
Contact Person: _____ Email: _____
Are Subsidiaries/Affiliates to be covered? ☐ Yes ☐ No If Yes, please provide a list of complete names and addresses of all to be covered.

BENEFIT OPTIONS

Please select benefit options below:

Occupational Accident:

Accidental Death & Dismemberment Benefit *****: ☐ $150,000 ☐ $200,000 ☐ $250,000 ☐ Other $

***** Death benefits are paid in a partial lump sum and the balance payable to surviving dependents, if any.

Accident Medical Expense Maximum Benefit Amount: ☐ $1,000,000 ☐ Other $_____
Accident Medical Expense Maximum Benefit Period: ☐ 104 Weeks ☐ Other _____ weeks
Temporary Total Disability Maximum Weekly Benefit Amount: ☐ $500.00 ☐ $600.00 ☐ Other $_____
Temporary Total Disability Maximum Benefit Period: ☐ 104 Weeks ☐ Other _____ weeks
Continuous Total Disability Benefit Coverage: Included, unless otherwise indicated ☐ Exclude
Other Benefits and Amounts Requested, please explain: _____

Non-Occupational Accident:

Non-Occupational Accident Benefits: Included, unless otherwise indicated ☐ Exclude

NOTE: All coverage and benefits are subject to the terms and conditions in the policy.

INSURANCE BROKER INFORMATION

Name: _____ Agency: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Facsimile: _____ Email: _____
Standard Commission: ☐ Yes ☐ No ☐ Other _____%

INSURANCE PLAN INFORMATION

1. Are all Independent Contract Drivers required to have either workers' compensation or occupational accident coverage? ☐ Yes ☐ No
2. Who is the workers' compensation insurance carrier for employee exposure? _____
   a. Please indicate the retention or deductible amount: $_____
3. Will the trucking company settle deduct insurance premiums? ☐ Yes ☐ No
4. Why are you considering Zurich? _____

5. Please attach current policy and claim runs for the past three (3) years and complete the table below:

Coverage Period	Insurance Company	Premium	Total Losses	Monthly Rate	# of Drivers
to		$	$	$	
to		$	$	$	
to		$	$	$	

GENERAL INFORMATION

1. Number of years in business: _____
   Public or Privately Owned: _____
2. List states with terminal locations: _____
3. Number of independent contract drivers: _____
   Number of employee drivers: _____
   Number of non-driving employees: _____
4. On what basis are independent contract drivers compensated? _____
5. Annual independent contract driver turnover ratio: recent year _____ two (2) years ago _____
   (turnover ratio is defined as total number of independent contract drivers dispatched during the past twelve (12) months minus current number of contractors divided by current number of contractors)
6. Do you offer independent contract drivers: ☐ health insurance, ☐ physical damage, and/or ☐ NTL
7. Percentage of loads with manual loading/unloading (hand dolly/lift by hand)? _____
8. Do you administer "physical ability to perform" testing? ☐ Yes ☐ No If Yes, please describe: _____
9. Number of independent contract drivers over age 60? _____
10. Do independent contract drivers use casual labor, helpers or lumpers? ☐ Yes ☐ No If Yes, please describe: _____
11. What percentage of independent contract driver loads are Hazmat? _____%. Please describe: _____
12. What percentage of independent contract driver loads are LTL? _____%.
13. What percentage of independent contract driver loads are less than 200 miles? _____%
14. What is expected miles per year for independent contract drivers? _____
15. Date of most recent legal review of lease agreement? _____ Please attach a copy

Equipment:

Vehicles Used:	Box	Flatbed	Intermodal	Tanker	Refrigerated	Dump	Straight Truck	Other
% of total:	_____%	_____%	_____%	_____%	_____%	_____%	_____%	_____%

Commodities:

Describe:	(1) _____	(2) _____	(3) _____	(4) _____
% of total:	_____%	_____%	_____%	_____%

SAFETY & LOSS CONTROL

1. Describe any OSHA fines related to driving/equipment in the past three (3) years: _____
2. Is there a full-time Safety Manager? ☐ Yes ☐ No If Yes:
   a. Name of Safety Manager: _____
   b. Number of years with Applicant: _____
   c. Number of years in loss prevention: _____
3. Is there a written safety plan applicable to independent contract drivers? ☐ Yes ☐ No If Yes, does it include the following:
   a. Requires reoccurring training? _____
   b. Driver incentives? _____
   c. Are safety inspections done in house or by an outside vendor? _____
4. Are physicals done by contracted doctors or driver's doctors? _____
5. Do you run MVRs? _____
6. Do you run background checks? _____
7. Do you do physical ability to perform testing? _____
8. Provide below minimum standards for hiring independent contract drivers:
   a. Minimum Age: _____

b. Maximum Age: _____
c. Minimum Prior CDL experience: _____
d. Maximum number of accidents permitted: _____ in past _____ years
e. Maximum number of violations permitted: _____ in past _____ years
f. Maximum number of major violations permitted: _____ in past _____ years
g. Describe any other criteria for qualifying independent contract drivers: _____

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 the truck unit.
Contract Driver (CD) is an independent contractor who is paid on a 1099, but drives the truck for another owner.
Fleet Owner (FO) is an independent contractor who has more than one truck under contract to the trucking firm.
Fleet Driver (FD) * is a W-2 paid employee driver of a contracted fleet owner.

*** Fleet Drivers are not eligible for occupational accident coverage and must be covered under workers' compensation.**

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:	0	0	0	0		0	0	0	0

Owner/Operators: **0**
Contract Drivers: **0**
Fleet Owners: **0**
Fleet Drivers *: **0**

*** Fleet Drivers are not eligible for occupational accident coverage and must be covered under workers' compensation.**

INSURANCE FRAUD WARNING
Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, is guilty of insurance fraud and is subject to criminal and/or civil penalties.

The applicant hereby applies for Occupational Accident Insurance and:

1. Represents that the answers included in this Application for Occupational Accident Insurance coverage have been reviewed and are true and complete; and
2. Understands and agrees that the insurance applied for shall not become effective until the Application for Occupational Accident Insurance coverage is approved by the **Company** and the initial premium deposit is received; and
3. Agrees that if the insurance applied for is approved by the **Company**, the applicant will pay all premiums due after the effective date of the insurance.

This Group Application shall be made part of the **Policy**, if issued.

Completed by: _____ Title: _____

Signature: _____ Date: _____