*Workers Compensation*

*Delivery Supplemental Application*

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| **Named Insured:** |  | **Application/Policy Number:** |  |
| **Insured Website:** |  | | |

**Operations:**

1. Hours of operation are to

Delivery hours:

Weekdays are to

Weekends are to

1. Minimum number of employee’s working at any given time?
2. Is there any off premise exposures? Yes  No
3. Describe managements industry experience:

**Employee Management:**

1. Pre-hire screening: employment applications? Yes  No
2. Reference checks? Yes  No
3. Pre-employment physicals? Yes  No
4. Drug Testing:

Pre-employment drug testing? Yes  No

Post-accident drug testing? Yes  No

Random drug testing? Yes  No

**Employee Profile:**

Total Number of Employees:

1. Full time: Part time: Temporary/seasonal:
2. How are employees paid?

Hourly  Piece Rate  Commission  Flat Salary

1. Starting hourly wage: $
2. Average hourly wage: $
3. Paid vacation? Yes  No

**Employee Safety:**

1. New employee orientation plan? Yes  No
2. Formal written safety program? Yes  No
3. Documented safety meetings with all employees? Yes  No
4. Early return to work program Yes  No
5. Employee training program for all employees? Yes  No
6. Fleet safety program including scheduled maintenance program? Yes  No
7. Documented Vehicle Inspection program:

Owned Vehicles Yes  No

Non-owned Vehicles Yes  No

1. Documented accident investigation? Yes  No
2. Address or call back verification systems in place? Yes  No

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**Delivery Profile:**

Total Number of Drivers: Number of Company Owned Vehicles:

Radius of Driving Exposures: Number of Non-Owned Vehicles:

1. Any drivers under the age of 21 or over the age of 65? Yes  No
2. Any vehicles 15 years old or older and $200k miles or greater? Yes  No
3. Number of employees who drive personal vehicles?
4. Are drivers paid per delivery? Yes  No
5. Total receipts:

Total receipts due to delivery:

1. Commercial or Non-Owned Auto Coverage in place? Yes  No
2. Driver Licenses verified? Yes  No
3. Motor Vehicle Records checked annually? Yes  No
4. What are unacceptable MVR criteria to remove an employee from

a driving position?

1. Do employees receive defensive driver training? Yes  No
2. Is an accident investigation and accountability program in place? Yes  No
3. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes  No
4. Seatbelt policy enforced? Yes  No
5. What is the extent of distracted driving exposure?

**Limited:** Possible incidental/personal use of mobile communications devices or other technology. No company devices provided.

**Moderate:** Some use of mobile communications, GPS, or other technology required in incidental driving positions.

**Heavy:** Heavy use of mobile communications, GPS, or other technology required to perform essential job functions.

1. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equipment (hands free) provided):

**Claims:**

Please provide details on any claims within the last 3 years which has reserves set or paid cost $25,000 or above.

**Additional Information/Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed By:** |  | **Date:** |  |
| **Signature:** |  |  |  |