| Named Insured: | | Application/Policy Number: | | | | |
|----------------|--|----------------------------|---|----|---|--|
| Insured | Website: | | | | | |
| | | | | | | |
| Operati | ons: | | | | | |
| - | Hours of operation are to | | | | | |
| | Delivery hours: | | | | | |
| | Weekdays are to | | | | | |
| | Weekends are to | | | | | |
| В. | Minimum number of employee's working at any given time? | | | | | |
| C. | Is there any off premise exposures? | Yes | | No | | |
| D. | Describe managements industry experience: | | | | | |
| | | | | | | |
| Employ | ee Management: | | | | _ | |
| Α. | Pre-hire screening: employment applications? | Yes | | No | | |
| В. | Reference checks? | Yes | | No | | |
| С. | Pre-employment physicals? | Yes | | No | | |
| D. | Drug Testing: | | | | | |
| | Pre-employment drug testing? | Yes | | No | | |
| | Post-accident drug testing? | Yes | | No | | |
| | Random drug testing? | Yes | | No | | |
| | ee Profile: | | | | | |
| Iotal N | umber of Employees: Full time: Part time: Temporary/sea | conali | | | | |
| A. B. | How are employees paid? | | | | | |
| Б. | Hourly Piece Rate Commission Flat Salary | | | | | |
| c | Starting hourly wage: \$ | | | | | |
| | Average hourly wage: \$ | | | | | |
| Б. Е. | Paid vacation? | Yes | | No | | |
| | | 105 | | NO | | |
| | vee Safety: | | | | | |
| Α. | New employee orientation plan? | Yes | | No | | |
| В. | Formal written safety program? | Yes | | No | | |
| С. | Documented safety meetings with all employees? | Yes | | No | | |
| D. | Early return to work program | Yes | | No | | |
| E. | Employee training program for all employees? | Yes | | No | | |
| F. | Fleet safety program? | Yes | | No | | |
| G. | Documented Vehicle Inspection program: | | _ | | _ | |
| | Owned Vehicles | Yes | | No | | |
| | Non-owned Vehicles | Yes | | No | | |
| Н. | Documented accident investigation? | Yes | | No | | |
| ١. | Address or call back verification systems in place? | Yes | | No | | |



Workers Compensation Delivery Supplemental Application

| devices provided. Moderate: Some use of mobile communications, GPS, or other technology required in incidental driv positions. Heavy: Heavy use of mobile communications, GPS, or other technology required to perform essential functions. M. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equired to perform essential driving). | | | | | | | |
|--|--|-------------------------|---------|--|--|--|--|
| A. Number of employees who drive personal vehicles? | Number of Company Owned Vehicles: | | | | | | |
| B. Are drivers paid per delivery? Yes No C. Total receipts: | Number of Non-Owned Vehicles: | | | | | | |
| C. Total receipts: | ees who drive personal vehicles? | | | | | | |
| Total receipts due to delivery: | r delivery? Yes | No |] | | | | |
| D. Commercial or Non-Owned Auto Coverage in place? Yes No E. Driver Licenses verified? Yes No F. Motor Vehicle Records checked annually? Yes No G. What are unacceptable MVR criteria to remove an employee from a driving position? No Image: Construct on the construction of t | | | | | | | |
| E. Driver Licenses verified? Yes No F. Motor Vehicle Records checked annually? Yes No G. What are unacceptable MVR criteria to remove an employee from a driving position? No No H. Do employees receive defensive driver training? Yes No No I. Is an accident investigation and accountability program in place? Yes No Incomposition J. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes No Incomposition K. Seatbelt policy enforced? Yes No Incomposition Limited: Possible incidental/personal use of mobile communications devices or other technology. No devices provided. Moderate: Some use of mobile communications, GPS, or other technology required in incidental drive positions. Heavy: Heavy use of mobile communications, GPS, or other technology required to perform essentia functions. M. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equival | o delivery: | | | | | | |
| F. Motor Vehicle Records checked annually? Yes No G. What are unacceptable MVR criteria to remove an employee from a driving position? | -Owned Auto Coverage in place? Yes | No |] | | | | |
| G. What are unacceptable MVR criteria to remove an employee from a driving position? H. Do employees receive defensive driver training? Yes No Is an accident investigation and accountability program in place? Yes No J. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes No K. Seatbelt policy enforced? Yes No K. Seatbelt policy enforced? Yes No L. What is the extent of distracted driving exposure? Limited: Possible incidental/personal use of mobile communications devices or other technology. No 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 essentia functions. M. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equivalent of the policies of t | fied? Yes | No |] | | | | |
| a driving position? | ords checked annually? Yes | No |] | | | | |
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| | avy use of mobile communications, GPS, or other technology required | d to perform essentia | al job | | | | |
| | here in place to reduce distracted driving? (Describe policies, procedu | ures, training, and eq | uipment | | | | |
| (hands free) provided): | ed): | | | | | | |

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: