*Workers Compensation*

 *Delivery Supplemental Application*

|  |  |  |  |
| --- | --- | --- | --- |
| **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? 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 [ ]

*Workers Compensation*

 *Delivery Supplemental Application*

**Delivery Profile:**

Total Number of Drivers: Number of Company Owned Vehicles:

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

1. Number of employees who drive personal vehicles?
2. Are drivers paid per delivery? Yes [ ]  No [ ]
3. 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:** |  |  |  |