

Truckers Occupational Accident Application - Lloyds of London

ACCOUNT IDENTIFICATION

Legal Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Telephone: _____ FAX: _____
Email Address: _____

AGENT IDENTIFICATION

Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ E-mail: _____
Telephone: _____ FAX: _____
Requested Effective Date: _____

DRIVER INFORMATION & COMMODITIES HAULED

Number of Owner Operators: _____ Number of Contract Drivers: _____ Number of Team Drivers: _____

List all commodities hauled by percent of total for the year:

_____ % _____ %
_____ % _____ %

Does the Account haul?: Hazardous/Waste Material Logging Explosives
 Flammables Refuse Radioactive Cargo

ACCOUNT INFORMATION: #Years in Business: _____

Radius of round-trip by percent: more than 500 miles _____% 499 to 200 miles _____% 199 to 50 miles _____% less than 50 miles _____%

Type of equipment by percentage: VAN _____% REFRIGERATED _____% FLATBED _____% TANKER _____% DUMP _____%

DOUBLE TRAILERS _____% OVERSIZE/OVERWEIGHT _____% OTHER _____% Details of Other _____

List Account Terminal Locations: _____

DRIVER DISTRIBUTION: Give total number of Owner/Operators, Contract Drivers, Team Drivers by state of residence for the current policy year

Alabama _____	Idaho _____	Michigan _____	New York _____	Tennessee _____
Arizona _____	Illinois _____	Minnesota _____	North Carolina _____	Texas _____
Arkansas _____	Indiana _____	Mississippi _____	North Dakota _____	Utah _____
California _____	Iowa _____	Missouri _____	Ohio _____	Vermont _____
Colorado _____	Kansas _____	Montana _____	Oklahoma _____	Virginia _____
Connecticut _____	Kentucky _____	Nebraska _____	Oregon _____	Washington _____
Delaware _____	Louisiana _____	Nevada _____	Pennsylvania _____	West Virginia _____
Dist of Col _____	Maine _____	New Hampshire _____	Rhode Island _____	Wisconsin _____
Florida _____	Maryland _____	New Jersey _____	South Carolina _____	Wyoming _____
Georgia _____	Massachusetts _____	New Mexico _____	South Dakota _____	TOTAL _____

SAFETY INFORMATION

Motor Carrier's ID#: _____ Motor Carrier's DOT #: _____ Motor Carrier's EIN#: _____

What is the minimum driver age: _____ years. What is maximum driver age: _____ years.

OCCUPATIONAL ACCIDENT COVERAGE REQUESTED: Standard Plan - 2 Year Incurral Period, 7 Day waiting period for Disability

Accidental Death and Dismemberment Benefit:	\$250,000	Other _____
Accident Medical Benefit:	1,000,000, 104 week incurral period.	Other _____
Temporary Total Disability Benefit:	70% of SAWW up to \$500	Other _____
Permanent Total Disability:	70% of SAWW up to age 70, \$500	Other _____
Combined Single Limit:	\$1,000,000	Other _____

NON-OCCUPATIONAL ACCIDENT COVERAGE REQUESTED

Accidental Death and Dismemberment:	\$10,000	Other _____
Accident Medical Benefit:	\$5,000	Other _____
Incurral Period:	52 weeks	Other _____

CONTINGENT LIABILITY COVERAGE: YES NO

INSURANCE PROGRAM INFORMATION

Do you currently have an Occupational Accident program for your owner operators? Yes _____ No_____

Who is the current carrier: _____ What is the Anniversary Date: _____

Please provide 5 years of currently valued loss information in the grid provided below, and attach loss runs:

Policy Term	Carrier	Type of Coverage	Rate	Losses	Premium	# of Drivers

Has the account ever had an Occupational Disease, Cumulative Trauma or Contingent Liability type claim? YES [] NO []

If Yes, please explain: _____

Has the Account been informed, and acknowledges:

1. Occupational Accident coverage is not Workers' Compensation Insurance YES [] NO []
2. Occupational Accident coverage does not eliminate the Applicant's responsibility to provide Workers' Compensation if required by applicable state law. YES [] NO []
3. It is the Accounts responsibility for collecting premiums from the Independent Contractors and submitting them to this insurer or its duly authorized agent. YES [] NO []
4. The Account and the Agent understands this form is submitted for underwriting consideration and does not bind any Agent, Carrier, or Administrator to coverage. YES [] NO []
5. Coverage can be approved and made effective only in writing from the Administrator. YES [] NO []