



CONTINGENT LIABILITY APPLICATION

POLICYHOLDER INFORMATION

Motor Carrier Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Telephone Number: _____ Fax Number: _____
USDOT Number: _____

Please list the states in which the motor carrier operates: _____

If the motor carrier has a current in-force Contingent Workers' Compensation policy, a Contingent Liability policy or any other similar coverage, please provide the following details: Not applicable.

<input type="checkbox"/> <u>Contingent Workers' Comp</u>	<input type="checkbox"/> <u>Contingent Liability</u>	<input type="checkbox"/> <u>Other: _____</u>
Insurer Name: _____	Insurer Name: _____	Insurer Name: _____
Policy Number: _____	Policy Number: _____	Policy Number: _____
Term: _____	Term: _____	Term: _____
Expiring Rate: _____	Expiring Rate: _____	Expiring Rate: _____
State of Domicile: _____	State of Domicile: _____	State of Domicile: _____

Has any prior Workers' compensation, Contingent Workers' Compensation, Contingent Liability, or similar coverage been declined, cancelled or non-renewed in the past three years? Yes No

If yes please explain: _____

Has there ever been a loss under Workers' Compensation, Contingent Liability, or similar coverage where an owner-operator or contract driver has been deemed an employee? Yes No If yes, please provide the details of each loss. (attach a separate sheet if necessary)

Date: _____	Description: _____	Amount of Loss: \$ _____
Date: _____	Description: _____	Amount of Loss: \$ _____
Date: _____	Description: _____	Amount of Loss: \$ _____

Have there been any citations for any Occupational Safety and Health Administration (OSHA) violations in the last five years? Yes No If yes, please provide the details: _____

Please answer the following questions regarding the relationship of the independent contractor drivers to the trucking company or motor carrier:

- Do the drivers sign an independent contractor agreement?
Yes No If yes, please provide a copy of the agreement.
- Is the driver responsible for providing the truck?
Yes No
- Is the driver responsible for maintenance of the truck?
Yes No
- Is the driver responsible for the operating costs of the truck, including fuel, repairs, supplies, physical damage insurance and personal expenses?
Yes No
- Is the driver responsible for hiring and supervising the necessary personnel to operate the truck?
Yes No
- Is the driver compensated on a basis other than time expended in the performance of work?
Yes No
- Is the driver responsible for determining the time, means, and method of performance of the assignment?
Yes No

I hereby acknowledge that all answers and statements contained, including the attached data, are true and complete. I understand that the contingent liability contract is registered and delivered as a surplus lines coverage under applicable state law. I also understand that no coverage will become effective until an application has been signed and approved by the Insurance company, a policy of Insurance is issued and the required premium is paid, and the premium for the Contingent liability policy shall not be co-mingled with the premium from any other policy.

PRODUCER INFORMATION

Is the Broker licensed in the situs state for Surplus lines? Yes No

If yes, please provide license number: _____

Application completed by: _____
(Risk manager or the person responsible for insurance procurement)

On Behalf of Motor Carrier: _____

Signature of Authorized Person: _____

Date: _____

Print Name: _____

Title: _____