

Please fax to 936-309-0050 or email to TPIG@sbcglobal.net

## Applicant Information

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Applicant Name:

Requested Effective Date:

Address:

City:

State:

Zip:

Nature of Business:

Number of years in business:

Tax ID Number:

Date of workers' comp coverage rejection:

Business Type:  Corporation  Partnership  Other:

Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed?

Yes  No

If yes, please explain:

Is applicant subject to LPG or TxDOT Regulations?  Yes  No

Within what radius does applicant haul?

Does applicant handle, store, or engage in transport of hazardous materials (*including but not limited to explosive, caustic, poisonous or flammable materials*)?  Yes  No

If yes, please explain:

Please specify commodities hauled:

What percentage of loads are manually loaded or unloaded (use 0% if no manual (un)loading)?

% Loaded

%Unloaded

Does applicant use Co-Drivers?  Yes  No If yes, what percent? %

Does applicant perform any work at heights over 24 ft.?  Yes  No

If yes, please explain:

Do any employees travel out of state?  Yes  No

If yes, please explain:

Does applicant use temporary employees?  Yes  No

If yes, please provide number of temporary employees:

**Work Information**

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Are Owners, Officers or Partners to be covered?  Yes  No

Are any affiliate companies to be covered?  Yes  No

If yes, please provide Legal Name, Address and number of employees at each location.

# of Full-Time		# of Part Time		Classification Code	Annual Payroll by Class (As reported to IRS)	Classification or Description
W-2	1099	W-2	1099			

Total Number of Employees:

Total Payroll: \$

Waiver of Subrogation?  Yes  No

Current Worker's Comp or Accident Premium \$

**Benefits to be Quoted (please call for other options)**

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CSL Benefit:  
(\$1M - \$5M CSL)

SIR:  
(\$1,000 - \$500,000 (Self Insured Retention))

Benefit Period:  52 weeks  104 weeks  156 weeks

Weekly Income: (85% up to \$850)

Waiting Period: days

Please submit 3 years (hard copy) current valued loss history: Valuation Date of loss information:

Year	Carrier	Total Losses	Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)

1. Has this applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 years?  
 Yes    No  
If yes, have they had an experience modification factor of 1.50% or higher?    Yes    No
  
2. Has the applicant (or affiliate) ever had an Employer's Liability claim?    Yes    No
  
3. Does the applicant have Employer's Excess Indemnity coverage?    Yes    No  
Carrier name:
  
4. Does the applicant have a written Safety/Loss Control Program?    Yes    No  
Date program initiated:
  
5. Does the applicant have any Pre-hiring requirements?    Yes    No  
If yes, please provide details on a separate sheet.

*Please provide a copy of the written Safety Program as well as any additional information regarding applicant's loss control practices. If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.*

**Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.**

Agent	Agent Email
Phone	Fax
Agent Signature	Date
Applicant Signature	Date

**Please return completed form to Jerry Murphy at AmWINS Brokerage of Texas, Inc.**

**Direct Fax: 214-523-1583; or**

**e-mail: Jerry.Murphy@amwins.com**

## TRANSPORTATION ADDENDUM

**APPLICANT NAME:** \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

Carrier Type:     Common     Contract     Private     Other: \_\_\_\_\_  
 If Contract, for whom: \_\_\_\_\_

DOT Number: \_\_\_\_\_    MC Number: \_\_\_\_\_    Latest DOT Rating: \_\_\_\_\_    Yr: \_\_\_\_\_

**COMMODITIES HAULED: (Show %)**

Air Freight	Containers	Garbage	Sand/Gravel
Bottom Dump	Dry Van Freight	Liquids	Swinging Meat
Bulk Materials	End Dump	Livestock	Tanker Operation
Car Hauler	Explosives	Logs/Woodchips	Transfer Trailers
Cement	Farm Products	Mail	Other:
Coal	Flatbed Freight	Reefer Freight	

Describe Commodities:

What Percentage of total truck loads are manually loaded or unloaded? \_\_\_\_\_%    Maximum weight being manually handled? \_\_\_\_\_ lbs.

**SCOPE OF OPERATIONS:**

Radius: \_\_\_\_\_

Radius by %:    0-50 miles \_\_\_\_\_%    51-200 miles \_\_\_\_\_%    201-500 miles \_\_\_\_\_%    500+ miles \_\_\_\_\_%

Co-Driver or Team Drivers Exposure?     Yes     No    If so, \_\_\_\_\_%

**PRE-HIRING:**

Drug Test     Road Test     Written Test     MVR Review    Minimum Age: \_\_\_\_\_  
 Checks Prior Employment     Medical Cert    Minimum Experience Required: \_\_\_\_\_

**SAFETY PROGRAM:**

Written Safety Program?     Yes     No    Comments: \_\_\_\_\_  
 Safety Meetings Held?     Yes     No    Frequency: \_\_\_\_\_  
 Driver Orientation?     Yes     No    Description: \_\_\_\_\_  
 Driver Incentives?     Yes     No    Description: \_\_\_\_\_

Full Time Safety Director?     Yes     No    Name & Yrs. Exp.: \_\_\_\_\_

**MAINTENANCE PROGRAM:**

Repair Shop?     Yes     No    Types of Repairs:     Minor     Major     Body  
 Inspections?     Yes     No    Frequency: \_\_\_\_\_  
 Maintenance Records Kept on Individual Vehicles?     Yes     No  
 Comments: \_\_\_\_\_

**Additional Coverage Comments/Notes:** \_\_\_\_\_