



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRI-SERVICES AGENCY GROUP

Transportation Supplemental Application

Company Name:			
Contact Name:			
Address:			
City:	State:	Zip:	FEIN#:
Phone #:	Cell Phone #:	Fax#:	
Website and/or Email Address:			

1. Have you had previous Workers' Compensation coverage? Yes No
 Have you ever been cancelled? Yes No
 If yes, explain: _____

2. Has any employee been injured while working for a previous employer? Yes No
 If yes, give full details: _____

3. Radius of operation in miles:
 0-50 miles _____%, 51-200 miles _____%, 201-500 miles _____%, 501 or more miles _____%

4. What is the longest roundtrip haul by one driver? _____ miles

5. Schedule of Equipment Operated:

	Private Passenger	Light Trucks	Medium Trucks	Heavy Trucks	Tractors	Trailers
Owned						
Leased w/o Drivers						
Owner Operators						
Total Number						

6. Do you back haul products? Yes No
 If yes, describe commodities hauled and the percentage your total receipts: _____

7. Do you have a safety program? Yes No
 Please describe: _____

8. Do you require complete physicals, including vision testing for all new employees? Yes No

9. Do you have a driver incentive program? Yes No
If yes, please describe: _____

10. **Drivers:**
Do all drivers have a CDL? Yes No
Do you maintain a driving record on all drivers? Yes No
Do you obtain MVR's for all new hires? Yes No

11. **Driver Information: List below all drivers and their information**

Name of Driver	Date of Birth	License #	State Issued

12. Are drivers responsible for loading & unloading (including any backhauling)? Yes No

13. Do you have a drug & alcohol testing program in place? Yes No
If yes, please describe: _____

14. Who performs maintenance and repairs on your equipment? _____

15. Do you employ subcontractors, owner-operators, and/or independent contractors? Yes No
If yes, do you maintain a file of certificates of insurance for each? Yes No

Requested date of coverage: _____

- A. Coverage will become effective at 12:01 a.m. on the date stated above, subject to approval of this application and receipt of the deposit premium in our office. Signing of this application warrants that all of the above questions have been completely answered and have not been willfully misrepresented in order to obtain insurance with the Agri-Services Safety Group.
- B. The premium quoted will be based upon the nature of the operations and the estimated payroll disclosed by the employer in this application. The employer shall furnish the Agri-Services Safety Group with proper notice of any change in the nature of its operations or its estimated payroll; such changes may result in an increase or a decrease in the premium due under this policy. The employer agrees to keep an accurate record of employees and payroll expenditures, and to report injuries and occupational diseases to the Safety Group immediately.

ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION

THE APPLICATION **MUST BE SIGNED** BY AN OWNER, A PARTNER, OR A CORPORATE OFFICER.

Signature: _____ Title: _____ Date: _____

Print Name of Signature: _____

AGENT SIGNATURE: _____