

AGRI-SERVICES AGENCY GROUP

Milk Hauling Supplemental Application

Contact	Name:							
Address	:							
City:		State:		Zip:	Zip:		FEIN#:	
Phone #	f:	Cell Phone #:		Fax#:				
Website	and/or Email Address	:						
Have you had previous Workers' Compensation coverage? Have you ever been cancelled? If yes, explain:							□ Yes 〔 □ Yes 〔	
	Has any employee been injured while working for a previous employer? If yes, give full details:							🗆 Yes í
What is	s of operation in miles 0-50 miles%, s the longest roundtrip	51-200 miles _ haul by one dr				more miles _	%	
What is	0-50 miles%,	51-200 miles _ haul by one dr erated:	iver?	miles	3			7
What is	0-50 miles%, s the longest roundtrip	51-200 miles _ haul by one dr erated: Private				more miles	%	]
What is	0-50 miles%, s the longest roundtrip	51-200 miles _ haul by one dr erated:	iver?	miles	Heavy			
What is	0-50 miles%, s the longest roundtrip dule of Equipment Ope	51-200 miles _ haul by one dr erated: Private	iver?	miles	Heavy			
What is	0-50 miles%, s the longest roundtrip dule of Equipment Ope Owned	51-200 miles _ haul by one dr erated: Private	iver?	miles	Heavy			
What is	0-50 miles%, s the longest roundtrip dule of Equipment Ope Owned Leased w/o Drivers	51-200 miles _ haul by one dr erated: Private	iver?	miles	Heavy			
What is Scheo	0-50 miles%, s the longest roundtrip dule of Equipment Ope Owned Leased w/o Drivers Owner Operators Total Number	51-200 miles _ haul by one dr erated: Private Passenger	iver? Light Trucks	Medium Trucks	Heavy Trucks	Tractors	Trailers	 ] □ Yes [
What is Scheo	0-50 miles%, s the longest roundtrip dule of Equipment Ope Owned Leased w/o Drivers Owner Operators Total Number	51-200 miles _ haul by one dr erated: Private Passenger	iver? Light Trucks	Medium Trucks	Heavy Trucks	Tractors	Trailers	
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9.	Do you have a driver incentive program? If yes, please describe:				⊐ No						
10.	<b>Drivers:</b> Do all drivers have a CDL? Do you maintain a driving record on all dri Do you obtain MVR's for all new hires?	vers?		□ Yes □ □ Yes □ □ Yes □	⊐ No						
11.	Driver Information: List below all driver	s and their information									
	Name of Driver	Date of Birth	License #	State Issued							
12.	Are drivers responsible for loading & unloading		?	🗆 Yes 🗅							
13.	Do you have a drug & alcohol testing prog If yes, please describe:				⊐ No						
14.	Who performs maintenance and repairs on your equipment?										
15.	Do you employ subcontractors, owner-ope If yes, do you maintain a file of certificates	□ Yes □ □ Yes □									
	Requested date of coverage:										
A.	Coverage will become effective at 12:01 a the deposit premium in our office. Signin answered and have not been willfully misi	g of this application warrants that	all of the above ques	tions have been comple	-						
B.	The premium quoted will be based upon a this application. The employer shall furnis its operations or its estimated payroll; suc policy. The employer agrees to keep an occupational diseases to the Safety Group	sh the Agri-Services Safety Group ch changes may result in an increa accurate record of employees and	with proper notice of ase or a decrease in t	any change in the natu the premium due under	ıre of r this						
	ALL INFORMATION SUPPLIED BY THE APPLICANT IS SUBJECT TO VERIFICATION										
	THE APPLICATION MUST BE SIG	<b>NED</b> BY AN OWNER, A PARTI	NER, OR A CORPO	DRATE OFFICER.							
	Signature:	Date:									
	Print Name of Signature:										