

COMPLETE FOR OPERATIONS NOT RELATED TO PRIMARY MOTOR CARRIER

1. Describe all operations NOT related to your PRIMARY MOTOR CARRIER contract:

2. Do you have a separate named insured(s) or company name(s) to perform above operations? Yes No

2a. If YES, please complete the following:

Business Name: _____

Address: _____ FEIN#/SSN#: _____

2b. Please provide the following for all operations NOT related to your PRIMARY MOTOR CARRIER contract:

COMMODITY TYPE – Must equal 100%			
%	FURNITURE	%	EXHIBIT & DISPLAY
%	APPLIANCES	%	BUILDING MATERIALS
		%	OTHER*

RADIUS OF DELIVERY–Must equal 100%	
0-50 MILES	%
51-200 MILES	%
201 + MILES	%

*For other, please describe: _____

3. NOT including the units you currently have or vehicles you will be adding to your policy for your other operation what is the WEEKLY Cost of Hire for additional Rented/Leased Vehicles rented for less than 30 days used specifically for your other operations: \$ _____ Years in Business: _____

4. Is it your intent to secure coverage for operations NOT related to your PRIMARY MOTOR CARRIER contract?
 Yes No

If NO, provide a certificate of insurance evidencing coverage for these other operations and skip questions 5 through 7.
 If YES, do you require a certificate of insurance and additional insured endorsement for these other operations?

Yes No If YES, provide the following:

Certificate holder name and address: _____

Does the certificate holder require an additional insured endorsement? Yes No

(Additional charges may apply dependent upon the insurance requirements related to your other operations)

5. Please provide cargo information:

Commodity Type: (Please Describe)	Average Value per Load (\$)	Max Value per Load (\$)

- 6. DO YOU CURRENTLY HAVE WORKERS' COMPENSATION COVERAGE? [] YES [] NO
- A. DOES IT INCLUDE COVERAGE FOR YOU? [] YES [] NO
- 7. HOW ARE YOU PAID? [] 1099 [] W-2
- 8. DO YOU RESIDE OR CONDUCT ANY OF YOUR BUSINESS in ND, OH, WA, or WY? [] YES [] NO
- 9. ARE ANY EMPLOYEES UNDER THE AGE OF 18? [] YES [] NO
- 10. ARE ANY EMPLOYEES OVER THE AGE OF 70? [] YES [] NO
- 11. DO YOU EVER USE HELPERS? [] YES [] NO
- 12. DO YOU EVER USE MORE THAN 1 HELPER PER DELIVERY? [] YES [] NO
- 13. DO YOU EVER USE MORE THAN 2 HELPERS PER DELIVERY? [] YES [] NO
- 14. PLEASE COMPLETE THE CHART BELOW, LIST ANY FULL TIME OR PART TIME LABOR YOU USE ON REGULAR BASIS (INCLUDE YOURSELF, PARTNERS, FELLOW CORPORATE OFFICERS, SPOUSE, EMPLOYEES, AND ANY SUBCONTRACTORS PAID BY 1099) FOR ANY AND ALL OPERATIONS.

NAME	DUTIES*	PERCENTAGE OF OWNERSHIP	ANNUAL SALARY	FULL OR PART TIME	PAID BY W-2 OR 1099	Under 18 Y or N	Over 70 Y or N

***Duties:** C – Contractor O – Corporate Officer P – Partner CL-Clerical H – Helper not qualified to drive
 CD – Co Driver who drives **same unit** with contractor FD – Fleet Driver who is a full time driver with **own power unit and crew**
 AD – Additional Qualified Secondary Driver to a unit

***Please attach a copy of your driver’s license and a copy of all your employees’ drivers license to this questionnaire.**