

TexasMutual[®]

WORKERS' COMPENSATION INSURANCE

SUPPLEMENTAL APPLICATION - TRANSPORTATION INDUSTRY

APPLICANT INFORMATION

Name(s):	Quote/Policy #:
	DOT #:

OPERATIONS

Service Territory:	<input type="checkbox"/> Texas Only	<input type="checkbox"/> Interstate
Haul Length (% of Total)		
<50 Miles:	50-250 Miles:	
251-500 Miles:	>500 Miles:	
Total: 100%		

CARGO

Circle all that apply

General Freight	Lumber/Logs	Liquids/Gases	Grain/Feed/Hay	Chemicals
Household Goods	Building Materials	Intermodal Containers	Coal/Coke	Dry Bulk
Metal Sheets/Coils	Mobile Homes	Passengers	Livestock	Refrigerated Food
Motor Vehicles	Machinery	Oilfield Equipment	Garbage/Refuse	Beverages
Vehicle Towing	Produce	Meat/Fish	Mail/Parcels	Paper Products
Hazardous/Flammable	Other (Please describe):			

DRIVERS TO BE INSURED BY APPLICANT

Driver Type	Estimated Payroll	#	Basis of Pay (per mile, hour, load, etc.)	Loading/Unloading? (Y/N)
Employees				
Contract Drivers				
Helpers/Lumpers				
Owner Operators, their Drivers & Lumpers				

OWNER OPERATORS NOT INSURED BY APPLICANT (PROVIDE SAMPLE LEASE AGREEMENT)

# of Drivers	Total Paid Under Contract	Insurance Required in Lease Agreement: <input type="checkbox"/> WC <input type="checkbox"/> OA <input type="checkbox"/> Both <input type="checkbox"/> None
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Do any Texas drivers reside out of state? Yes No

Who hires the Applicant's Helpers/Lumpers? Applicant Driver Both N/A

Does the Applicant lease any equipment to its drivers including owner operators? Yes No

CONTINGENT LIABILITY OR SIMILAR INSURANCE

Has the applicant obtained contingent liability or similar insurance for the purpose of defending and paying WC benefits for claims arising from owner operators alleging employee status? If yes, please complete the following:

Insurance Co.	Policy #	Policy Term	Liability Limit

SIGNATURES

The applicant hereby represents and verifies that all statements and representations contained herein are true and correct. The applicant also acknowledges that any material misrepresentation or omission may be grounds for rejection of the application, cancellation of coverage, or for other remedies available to Texas Mutual.

Signature of applicant:	Date:
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