

AMERISAFE, INC. WORKERS' COMPENSATION
2301 Hwy. 190 West
DeRidder, LA 70634

TRUCKING SUPPLEMENTAL APPLICATION

Date Submitted
(MM/DD/YYYY)

APPLICANT NAME AND
MAILING ADDRESS

PHONE

CELL PHONE

CARRIER

- American Interstate Insurance Company
 Silver Oak Casualty, Inc.

1. List the products the Applicant hauls:

2. Does the Applicant transport hazardous materials? _____ % of Hazardous Materials
_____ % of Non-Hazardous Materials

3. Terminals:

a. List physical location of each terminal. (Include City, State, and Zip)

b. List all states where units are garaged at drivers residence.

-If any, can driver be dispatched from residence? Yes No

4. Scope of operation:

a. List all states.

b. List routine shipping points.

c. Any driving or deliveries in the State of Florida? Yes No

5. Maintenance:

a. Describe the age and condition of vehicles.

b. Describe maintenance schedules performed on equipment.

6. Routes: _____ % Regular _____ % Irregular

7. Radius: _____ % 0-200 Miles _____ % Over 200 Miles

8. Drivers _____ % Single Drivers _____ % Co-Driver Teams

9. Does the Applicant lease owner operators? Yes No

If yes, are the owner operators included on the policy? Yes No

If no, does the carrier obtain Workers Compensation Certificates of Insurance? Yes No

NOTE: We do not recognize Occupational Accident insurance policies as a substitute for Workers Compensation coverage. You will be charged for uninsured drivers.

10. Total Number of Power Units?

Indicate Number of Each Type

Tractor-conventional _____	Dump Trucks _____
Tractor-cabover _____	Wreckers _____
Straight Trucks _____	Other _____

11. Number and type of trailers? (Or type of bed for Straight Trucks)

Flatbeds _____	Reefer _____
Lowboys _____	Open Top Van (chip) _____
Tankers (bottom load) _____	Dump Trailer _____
Tankers (top load) _____	Container _____
Tankers (with baffles) _____	Logging _____
Tankers (no baffles) _____	Pole _____
Dry Box _____	Other _____

12. What percentage of the Applicant's deliveries are Less Than Load (LTL)? _____ % LTL

13. What percentage of the Applicant's drivers Load their vehicles? _____ %

Of those, what % is: _____ Manual Loading _____ Mechanical Loading

Do they use lumpers? Yes No

Are lumpers insured? Yes No

14. What percentage of the Applicant's drivers tarp their own loads? _____ %

Of those, what % is: _____ Manual Tarping _____ Mechanical Tarping

15. What percentage of the Applicant's drivers secure their own loads? _____ %

16. Identify Applicant's Auto Liability Carrier.

17. Estimate the Applicant's annual percentage of driver turnover?

18. Estimated total number of drivers during previous calendar year:

Number of 1099 forms issued for previous calendar year: _____

Number of W2 forms issued for previous calendar year: _____

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature _____	Date _____	Agent's Signature _____	Date _____
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