

| Supplemental Application - Transportation Industry  |
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| Applicant Information |
| Name(s): | Quote/Policy #:DOT #: |
| Operations |
| Service Territory: **[ ] Texas Only** **[ ] 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: **[ ]  WC [ ]  OA [ ]  Both [ ] None** |
| 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** |

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| 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 are grounds for rejection of the application, cancellation of coverage, or for other remedies available to Texas Mutual.*  |
| Signature of applicant: | Date: |