

Named Insured: \_\_\_\_\_ Application/Policy Number: \_\_\_\_\_

Insured Website: \_\_\_\_\_

**Operations:**

A. Hours of operation are \_\_\_\_\_ to \_\_\_\_\_

Delivery hours:

Weekdays are \_\_\_\_\_ to \_\_\_\_\_

Weekends are \_\_\_\_\_ to \_\_\_\_\_

B. Minimum number of employee's working at any given time? \_\_\_\_\_

C. Is there any off premise exposures? Yes ☐ No ☐

D. Describe managements industry experience:

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**Employee Management:**A. Pre-hire screening: employment applications? Yes ☐ No ☐B. Reference checks? Yes ☐ No ☐C. Pre-employment physicals? Yes ☐ No ☐

D. Drug Testing:

Pre-employment drug testing? Yes ☐ No ☐Post-accident drug testing? Yes ☐ No ☐Random drug testing? Yes ☐ No ☐**Employee Profile:**

Total Number of Employees: \_\_\_\_\_

A. Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Temporary/seasonal: \_\_\_\_\_

B. How are employees paid?

☐ Hourly ☐ Piece Rate ☐ Commission ☐ Flat Salary

C. Starting hourly wage: \$ \_\_\_\_\_

D. Average hourly wage: \$ \_\_\_\_\_

E. Paid vacation? Yes ☐ No ☐**Employee Safety:**A. New employee orientation plan? Yes ☐ No ☐B. Formal written safety program? Yes ☐ No ☐C. Documented safety meetings with all employees? Yes ☐ No ☐D. Early return to work program? Yes ☐ No ☐E. Employee training program for all employees? Yes ☐ No ☐F. Fleet safety program? Yes ☐ No ☐

G. Documented Vehicle Inspection program:

Owned Vehicles Yes ☐ No ☐Non-owned Vehicles Yes ☐ No ☐H. Documented accident investigation? Yes ☐ No ☐I. Address or call back verification systems in place? Yes ☐ No ☐



Workers Compensation  
Delivery Supplemental Application

**Delivery Profile:**

Total Number of Drivers: \_\_\_\_\_

Number of Company Owned Vehicles: \_\_\_\_\_

Radius of Driving Exposures: \_\_\_\_\_

Number of Non-Owned Vehicles: \_\_\_\_\_

- A. Number of employees who drive personal vehicles? \_\_\_\_\_
- B. Are drivers paid per delivery? Yes ☐ No ☐
- C. Total receipts: \_\_\_\_\_  
Total receipts due to delivery: \_\_\_\_\_
- D. Commercial or Non-Owned Auto Coverage in place? Yes ☐ No ☐
- E. Driver Licenses verified? Yes ☐ No ☐
- F. Motor Vehicle Records checked annually? Yes ☐ No ☐
- G. What are unacceptable MVR criteria to remove an employee from a driving position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Do employees receive defensive driver training? Yes ☐ No ☐
- I. Is an accident investigation and accountability program in place? Yes ☐ No ☐
- J. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes ☐ No ☐
- K. Seatbelt policy enforced? Yes ☐ No ☐
- L. What is the extent of distracted driving exposure?  
☐ **Limited:** Possible incidental/personal use of mobile communications devices or other technology. No company devices provided.  
☐ **Moderate:** Some use of mobile communications, GPS, or other technology required in incidental driving positions.  
☐ **Heavy:** Heavy use of mobile communications, GPS, or other technology required to perform essential job functions.
- M. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equipment (hands free) provided): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claims:**

Please provide details on any claims within the last 3 years which has reserves set or paid cost \$25,000 or above.

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**Additional Information/Comments:**

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Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_