

PAN-AMERICAN LIFE INSURANCE COMPANY

New Orleans, Louisiana

Small Fleet Occupational Accident Trucking Questionnaire

ACCOUNT IDENTIFICATION

Legal Name: _____
Individual Corporation Limited Corp Partnership Other
Physical Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Telephone: _____ FAX: _____
Email Address: _____

DRIVER INFORMATION & COMMODITIES HAULED

Number of Owner/Operators: _____ Number of Scheduled Co-Driver: _____ Number of Scheduled Contract Driver of Owner/Operator: _____
Number of Independent Contractor (Not otherwise classified): _____

List all commodities hauled by percent of total for the year:

_____% _____%
_____% _____%

Does the Account haul:

Hazardous/Waste Material Logging Explosives
Flammables Refuse Radioactive Cargo

ACCOUNT INFORMATION Number of Years in Business: _____

Type of Carrier: Common Contract Private Other: _____ LTL % _____ Truckload % _____ Driver Load/Unload % _____

Method of Driver Compensation: Mileage Revenue Hourly Trip Other _____

Is the round trip haul distance over 100 miles? YES NO

Driver's average length of haul: _____ miles Driver's average duration of haul: _____ days

Type of equipment by percent of total:

VAN _____% REFRIGERATED _____% FLATBED _____% TANKER _____%
DUMP _____% DOUBLE TRAILERS _____% OVERSIZE/OVERWEIGHT _____% OTHER _____%

DRIVER DISTRIBUTION Attach census (including first and last name, address, city, state, zip code, date of birth, license type, CDL number, CDL state of issuance).

SAFETY INFORMATION

Motor Carrier's ID#: _____ Motor Carrier's DOT #: _____ Motor Carrier's EIN#: _____

Does the Account have a specified individual who's full-time duty is that of a Safety Director? YES NO Name: _____

Does the Account have a current written safety/loss control program: YES NO - If Yes, please provide the following information:

Who Developed the program? Name: _____

Years of Experience: _____ When was the program initiated: _____ When was it last updated: _____

Does the safety/loss program address the following items:

Inspections of operations, conditions and vehicles to identify hazards? YES NO

Frequency of Training of owner operators in safe work practices? YES NO

Specific owner operator rules? YES NO

How often are safety meetings conducted: _____ Are Owner/Operators required to attend YES NO

How often are Owner/Operator's MVRs reviewed: _____ What is minimum age: _____ yrs What is maximum age: _____ yrs.

Small Fleet Occupational Accident Trucking Insurance Plans

<u>Benefits</u>	<u>Plan 1</u>	<u>Plan 2</u>
Accidental Death & Dismemberment	\$250,000	\$200,000
Accident Medical	\$1,000,000	\$500,000
Temporary Total Disability & Permanent Total Disability Combined Single Limit	\$700	\$500
Policy Aggregate Maximum	\$1,000,000	\$500,000
Non-Occupational Accidental Death & Dismemberment	\$1,000,000	\$1,000,000
Non-Occupational Accident Medical	\$10,000	\$5,000
	\$10,000	\$5,000
 Plan Choice	 Plan 1	 Plan 2

The Account has been informed and acknowledges:

- 1. Occupational Accident coverage is not Workers' Compensation Insurance**
- 2. Occupational Accident coverage does not eliminate the Applicant's responsibility to provide Workers' Compensation if required by applicable state law.**
- 3. It is the Accounts responsibility for collecting premiums from the Independent Contractors and submitting them to this insurer or its duly authorized agent.**
- 4. The Account and the Agent understands this form is submitted for underwriting consideration and does not bind any Agent, Carrier, or Administrator to coverage.**
- 5. Coverage can be approved and made effective only in writing from the Administrator.**
- 6. A Covered Contract (a legal, written work agreement) is not required, however, one must be provided upon request.**

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 may be guilty of a crime and subject to fines and confinement in prison.