



CRUM & FORSTER®
A FAIRFAX COMPANY

United States Fire Insurance Company
The North River Insurance Company
Crum & Forster Indemnity Company
Crum and Forster Insurance Company

Questionnaire – Occupational Accident Insurance

Note: There are 6 sections to this questionnaire. All sections must be completed for questionnaire to be accepted. Questionnaire must be signed.

Submission Checklist

- ☐ Copy of current Occupational Accident Insurance Policy
- ☐ Copy of current Contingent Liability Insurance Policy
- ☐ Loss runs (3-5 years)
- ☐ Historic unit counts to match the loss run term
- ☐ Explanation of losses >\$25,000
- ☐ Independent Contractor Lease Agreement
- ☐ Equipment Lease Agreement (if applicable)
- ☐ Explanation of SMS scores over threshold/copy of safety manual
- ☐ Driver census listing: Name, Address, DOB

Policy Effective Date:

Quote Due Date:

Motor Carrier Name*:

Street Address:

City:

State:

Zip:

USDOT Number:

Contact Person:

Title:

Telephone: () -

Email Address:

*If this Questionnaire is being completed for more than one carrier or the above carrier has more than one terminal location, please provide names/addresses below (*Attach a separate sheet, if necessary*):

Name

Address

1.

2.

3.



SECTION I: Motor Carrier Information

1. How many years has the motor carrier been in business?
2. Total number of Independent Contractors:
3. How many Independent Contractors are to be covered under this program?
4. Does the motor carrier haul hazardous materials? ☐ Yes ☐ No
 - a. If **yes**, what percent of **TOTAL loads** are hazardous materials? %
 - b. Provide the percent of **TOTAL loads** that are:
Flammable % Fuel % Caustic % Poisonous % Explosive %
5. What is the radius of operation? 0-50 miles % 50-200 miles % 200+ miles %
6. What do drivers haul?
7. What percentage of equipment is:

Equipment	Dry Van	Flatbed	Refrigerated	Container	Dump	Tanker	Other
Owned							
Leased							

- a. If other please describe:
 - b. Is equipment leased from the motor carrier or third party?
8. Do the drivers load or unload? ☐ Yes ☐ No
 - a. If **yes**, what percentage of time? %
9. What percentage of the Independent Contractor hauls are less than truckload (LTL)? %
10. Are casual laborers or helpers used? ☐ Yes ☐ No
 - a. If **yes**, where and how?
 - b. Do laborers/helpers require Occupational Accident insurance? ☐ Yes ☐ No

SECTION II: Driver Information

Minimum Standards for Independent Contractors:

1. What is the minimum age? What is the maximum age?
2. Is training provided for Independent Contractors? Please describe. ☐ Yes ☐ No
3. Describe any other criteria for qualifying Independent Contractors:



CRUM & FORSTER®
A FAIRFAX COMPANY

United States Fire Insurance Company
The North River Insurance Company
Crum & Forster Indemnity Company
Crum and Forster Insurance Company

Indicate number of Independent Contractors by residence:

Owner Operator (OO) is an independent contractor who owns/leases and drives a truck.

Contract Driver (CD) is an independent contractor who is paid on a 1099, but drives the truck of another owner.

Fleet Owner (FO) is an independent contractor who has more than one truck under contract to the Motor Carrier.

Fleet Driver (FD)* is a W-2 paid employee driver of a contracted fleet owner.

*Fleet Drivers are not eligible for occupational accident coverage and must be covered under workers' compensation.

State	OO	CD	FO	FD	State	OO	CD	FO	FD
Alabama					Montana				
Alaska					Nebraska				
Arizona					Nevada				
Arkansas					New Hampshire				
California					New Jersey				
Colorado					New Mexico				
Connecticut					New York				
Delaware					North Carolina				
D.C.					North Dakota				
Florida					Ohio				
Georgia					Oklahoma				
Hawaii					Oregon				
Idaho					Pennsylvania				
Illinois					Puerto Rico				
Indiana					Rhode Island				
Iowa					South Carolina				
Kansas					South Dakota				
Kentucky					Tennessee				
Louisiana					Texas				
Maine					Utah				
Maryland					Vermont				
Massachusetts					Virginia				
Michigan					Washington				
Minnesota					West Virginia				
Mississippi					Wisconsin				
Missouri					Wyoming				

Totals:

Owner Operators:

Contract Drivers:

Fleet Owners:

Fleet Drivers:



SECTION III: Insurance Plan and Requested Coverage

1. What is the target rate for Occupational Accident Insurance?
2. Is a sponsored Occupational Accident coverage currently in force? ☐ Yes ☐ No
 - a. If yes, please provide:

Coverage Period	Carrier	Rate	# of Drivers
to		\$	
to		\$	
to		\$	
to		\$	
to		\$	

3. Why is this account out to market?

A. OCCUPATIONAL ACCIDENT BENEFITS

AD&D	<input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000
Death and Dismemberment Benefit	<input type="checkbox"/> \$300,000 <input type="checkbox"/> Other \$
MEDICAL	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Accident Medical Expense Benefit	<input type="checkbox"/> Other \$
Maximum Benefit Period	<input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks
Benefit Waiting Period	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days
DISABILITY	<input type="checkbox"/> \$400 <input type="checkbox"/> \$500 <input type="checkbox"/> \$600
Temporary Total Disability Benefit	<input type="checkbox"/> Other \$
Permanent Total Disability Benefit*	<input type="checkbox"/> \$400 <input type="checkbox"/> \$500 <input type="checkbox"/> \$600 <input type="checkbox"/> Other \$
<i>* Claimant must receive Social Security Disability Award to qualify for Permanent Total Disability Benefits.</i>	



CRUM & FORSTER®
A FAIRFAX COMPANY

United States Fire Insurance Company
The North River Insurance Company
Crum & Forster Indemnity Company
Crum and Forster Insurance Company

B. NON-OCCUPATIONAL ACCIDENT BENEFITS

1. **Do you wish to add Non-Occupational Accident Benefits to this policy?** ☐ Yes ☐ No
- a. Death and Dismemberment Benefit ☐ \$7,500 ☐ \$10,000 ☐ \$15,000 ☐ Other \$
- b. Accident Medical Expense Benefit ☐ \$5,000 ☐ \$10,000 ☐ Other \$

C. OPTIONAL COVERAGES

1. **Please indicate if you wish to add the following coverages to this policy:**
- a. Hernia ☐ \$5,000 ☐ \$10,000 ☐ Other \$
- b. Hemorrhoid ☐ \$5,000 ☐ \$10,000 ☐ Other \$
- c. Passenger Accident ☐ \$10,000
- d. Occupational Disease/
Cumulative Trauma ☐ \$5,000 ☐ \$10,000 ☐ Other \$

D. CONTINGENT LIABILITY COVERAGE

1. **Do you wish to add Contingent Liability Insurance?** ☐ Yes ☐ No

SECTION IV: Contingent Liability Information (if applicable)

1. Is there currently a Contingent Liability policy or similar coverage in place? ☐ Yes ☐ No
- a. If **yes**, what is the name of the Insurance Company?
2. Has any prior Workers' Compensation, Contingent Workers' Compensation, Contingent Liability or similar coverage been declined, canceled or non-renewed in the past three years? ☐ Yes ☐ No
- a. If **yes**, please explain:
3. Have you ever experienced a loss under Workers' Compensation, Contingent Liability or similar coverage where an Independent Contractor or Contract Driver has sued for employee status? ☐ Yes ☐ No
- a. If **yes**, please give details of each loss (*Attach a separate sheet, if necessary*):
4. Do the drivers sign Independent Contractor agreements? ☐ Yes ☐ No
5. Is the Independent Contractor responsible for providing the truck? ☐ Yes ☐ No
6. Can Independent Contractor receive assignments/opportunities from a freight broker or other motor carriers? ☐ Yes ☐ No



Contract Liability Coverage Limits (Below Limits are Subject to Change):

Part One of the policy applies to Contract Liabilities incurred as the result of the Workers' Compensation laws.

Part A Limits:

Statutory Limits each person each Accident

Statutory Limits each person each Occurrence

Employers Liability Insurance (Below Limits are Subject to Change):

Part Two of the policy limits are:

Bodily Injury by Accident	\$1,000,000 /Policy Limit
Bodily Injury by Disease	\$1,000,000 /each Accident
Bodily Injury by Disease	\$1,000,000 /each Person

SECTION V: Loss Control information

1. Name of Safety Manager:
2. Number of years experience in Loss Prevention:
3. Number of years working with this motor carrier:
4. Provide a brief description of the Safety Program currently in place (i.e., electronic logbooks, EOBRs, etc.):

SECTION VI: Producer Information

Are you the incumbent broker/broker of record: ☐ Yes ☐ No

Are you and your agency licensed in the motor carrier's state (if there are multiple terminals, this refers to the motor carrier's address registered with the DOT)? ☐ Yes ☐ No

Is the license for: ☐ Accident & Health ☐ Property & Casualty ☐ Both

Questionnaire completed by (print name):

Title:

Signature: _____

On Behalf of Motor Carrier:

Date: