



COURIER ACCIDENT PROTECTION SYSTEMS (CAPS) UNDERWRITING QUESTIONNAIRE

This questionnaire is for the purpose of requesting to act as a Sponsoring Motor Carrier for Accident Insurance for Independent Contractors. It is not an application for insurance or a Binder of coverage.

145 Huguenot Street, New Rochelle, N.Y. (914) 636-6262

Quotes Requested	
<input type="checkbox"/>	Occ Acc Only
<input type="checkbox"/>	Occ Acc & Work Comp
<input type="checkbox"/>	Custom (75+ I/C's)

GENERAL/OPERATIONS

1. Name of Courier Company: _____
 Primary Address: _____ Years in Business: _____
 City: _____ State: _____ Zip: _____ Tax ID#: _____
 Telephone: () _____ Fax: () _____ Contact Person: _____

2. Commodities Hauled:

	1	2	3	4
Commodity				
% Hauled				(100%)

3. Does Applicant haul, under its operating authority, any HAZMAT? Yes No Explain: _____

4. Radius of Operations:

Radius 0 - 50 Miles _____% Over 200 miles _____%
 50 - 200 Miles _____% Maximum Length of Haul _____ Miles

5. Locations (attached list if needed): _____

6. Percentage loading/unloading by driver: _____% Describe _____

INDEPENDENT CONTRACTOR INFORMATION



7. Current Number of Drivers by State (must be completed or census attached)

	<u>I/C</u>		<u>I/C</u>		<u>I/C</u>
AK	_____	AL	_____	AR	_____
AZ	_____	CA	_____	CO	_____
CT	_____	DE	_____	FL	_____
GA	_____	HI	_____	ID	_____
IL	_____	IN	_____	IA	_____
KS	_____	KY	_____	LA	_____
MA	_____	MD	_____	ME	_____
MI	_____	MN	_____	MO	_____
MS	_____	MT	_____	NC	_____
ND	_____	NE	_____	NH	_____
NJ	_____	NM	_____	NV	_____
NY	_____	OH	_____	OK	_____
OR	_____	PA	_____	RI	_____
SC	_____	SD	_____	TN	_____
TX	_____	UT	_____	VA	_____
VT	_____	WA	_____	WI	_____
WV	_____	WY	_____		

8. Is Casual Labor used? Yes No Explain: _____

9. Are bicycles (motorized or non-motorized) and/or mopeds used? Yes No If yes, how many? _____

10. Provide details of minimum standards for contract drivers:

Minimum Age: _____ Maximum Age: _____

Maximum number of accidents permitted: _____ (number) in past _____ years

Maximum number of violations permitted: _____ (number) in past _____ years

Do you run MVR's? Yes No

Describe any other criteria for qualifying independent contractor drivers: _____

PLAN INFORMATION/HISTORY

11. Does applicant currently sponsor an Occupational Accident and/or Work Comp plan for its contract drivers?
 Yes No (If yes, please complete below and attach any loss runs and/or policies/certificates available)

Coverage Period	Coverage Type/ Insurance Company	Premium	Losses Incurred (Include Reserves)	Monthly Premium Per Driver

(Attached explanation on claims over \$50,000)

12. Will the Courirr settle/deduct premiums on behalf of the Contract Driver for this Plan? Yes No
13. Will the Occupational Accident Plan be mandatory for all Contract Drivers of the Motor Carrier? Yes No
 How will coverage be communicated to the Drivers? _____
14. Does courier utilize outside vendor for payroll services? Yes No If yes, provide full name, address and telephone number _____
15. Request for specific benefits and coverages to be quoted.

I. Occupational Accidental Death & Dismemberment:

\$125,000 Other \$ _____

II. Occupational Accident Medical Reimbursement:

\$400,000 Other \$ _____

Deductible Per Insured Per Occurrence \$150.00

Maximum Benefit Period: 52 weeks Other _____

III. Temporary Total Disability

\$300 Other \$ _____

Temporary Total Disability Waiting Period: 7 days Other _____

Maximum Benefit Period: 52 weeks 104 weeks

IV. Continuous Total Disability Benefit: Included

(Temporary Total Disability benefit will be extended and is offset by primary Social Security Disability Award. Claimant must receive Social Security Disability award to qualify for Continuous Total Disability benefits.)

V. Combined Single Limit: Yes No

(If yes, CSL will be equal to benefit limit requested for Accident Medical Expense.)

OTHER COVERAGES/POLICIES:

Work. Comp. Protection:

Yes No

(Complete Supplemental Acord Work Comp Application)



INTERNATIONAL FOOD

LOSS CONTROL/SUPPLEMENTAL



16. Does the Courier utilize a standard lease agreement for all of its contract drivers?
[] Yes [] No If yes, please attached a copy of each contract used.
17. Does the lease agreement or written procedures require the following of the contract driver?
- A. He owns his equipment or holds it under a bonafide lease arrangement. [] Yes [] No
 - B. He is responsible for the maintenance of the vehicle. [] Yes [] No
 - C. He bears the principal burdens of the operating costs, including fuel, repairs, supplies, insurance, and personal expenses while on the road. [] Yes [] No
 - D. He is responsible for hiring and supervising necessary personnel to operate the truck, who shall themselves be independent contractors or employees of the contract driver. [] Yes [] No
 - E. His compensation is based on factors related to the work performed including percentage of any schedule or rates of lawfully published tariff and not on the basis of time expended. [] Yes [] No
 - F. He is responsible for selecting the method and means of performing the services required by the contract. [] Yes [] No
 - G. He has entered into an individual written contract with the courier that specifies his relationship to be that of an independent contractor, not an employee of the applicant. [] Yes [] No
18. In the past 3 years, has the courier company previously defended against an independent contractor claiming employee status? [] Yes [] No How many resulted in a Workers' Compensation Award? _____
Details _____
19. Name of person responsible for safety: _____ Title _____
Number of years with courier: _____ In loss prevention field: _____
Does the courier provide training or ongoing safety meetings for independent contractors? [] Yes [] No
If yes, please describe: _____
20. Does the applicant own, lease, rent, or operate a warehouse? [] Yes [] No If yes, please describe: _____

21. Return quote to:
Your Name: _____ Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____
22. To the best of my knowledge, the information given is accurate and factual. I understand that this form does not bind any Agent, Carrier, or Administrator to coverage. This is a Quotation Request Form and will not effect any insurance until approved in writing from North American Special Risk Associates, Inc.

Signed _____ Date _____
Title & Company _____

Please send this completed and signed request to:
145 Huguenot Street, New Rochelle, N.Y. (914) 636-6262