



Workers Compensation and Employers Liability Insurance Policy

Trucking Questionnaire

To help us gain a better understanding of your operations, please answer the following questions.

Application/policy number:

Date:

Business name:

1. What do you transport/haul? Please be as specific as possible. _____

 1a. What percentage of your time do you spend transporting/hauling each item? _____

2. Number of owner/operators you use: _____ 2a. Number of team drivers: _____
3. Do you have employees who are residents of states other than Oklahoma? Yes No
 If yes, list the states and the number of drivers who reside in each: _____

4. What is the radius of operations? _____
 4a. Percentage of time spent less than 200 miles from your primary business location: _____
 4b. Percentage of time spent more than 200 miles away from primary business location: _____
 4c. Do you have a terminal located in Oklahoma? Yes No If yes, where: _____
 4d. If you do not have a terminal in Oklahoma, from where are your Oklahoma-hired drivers
 dispatched? _____
 4e. If you have no terminal in Oklahoma, where do the drivers pick up their loads?

5. Through which states do the drivers travel? List each state and the percentage of time in each:

6. Do you own the goods you haul or are you hauling goods that belong to others?

7. What percentage of your time do you spend hauling waste fluids from oil well sites for disposal?

8. List any hazardous materials you haul: _____

9. Describe your hiring process: _____

 9a. Do you require pre-employment physicals? Yes No
 9b. Do you require pre-employment background checks? Yes No
10. Are all drivers hired/contracted within the state they live? Yes No
 If no, please explain: _____



11. Describe your safety program: _____

12. Are you contracted to haul for another company? Yes No
If yes, return a copy of the completed and signed contract/agreement with this form.

Signature of Individual Owner, Partner, Corporate Officer or Member Date