**Questionnaire – Group Accident Insurance**

***NOTE: There are six (6) sections to this questionnaire. All sections must be completed for questionnaire to be accepted.***

**Submission Checklist**

Copy of current Occupational Accident Insurance Policy

Claims data last 5 years (details of any claims greater than $20,000

Historic IC counts to match the loss run term

Independent Contractor Agreement

Annual earnings estimate

Census listing; Name, Address, DOB

Policy Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quote Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I: COMPANY INFORMATION**

1. How many years has Company been in business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total number of Independent Contractors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How many Independent Contractors are to be covered under this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does the Company use an online system for adding/deleting Independent Contractors? Yes No

5. Please write a brief narrative of the Company, business model, and available services:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II: INDEPENDENT CONTRACTOR INFORMATION**

**Minimum Standards for Independent Contractors:**

1. What is the minimum age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the maximum age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Describe any other criteria for qualifying Independent Contractors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Indicate number of Owner Operators, Contract Drivers, Laborers and Passengers by residence:

Alabama \_\_\_\_\_\_

Alaska \_\_\_\_\_\_

Arizona \_\_\_\_\_\_

Arkansas \_\_\_\_\_\_

California \_\_\_\_\_\_

Colorado \_\_\_\_\_\_

Connecticut \_\_\_\_\_\_

Delaware \_\_\_\_\_\_

District of Columbia \_\_\_\_\_\_

Florida \_\_\_\_\_\_

Georgia \_\_\_\_\_\_

Hawaii \_\_\_\_\_\_

Idaho \_\_\_\_\_\_

Illinois \_\_\_\_\_\_

Indiana \_\_\_\_\_\_

Iowa \_\_\_\_\_\_

Kansas \_\_\_\_\_\_

Kentucky \_\_\_\_\_\_

Louisiana \_\_\_\_\_\_

Maine \_\_\_\_\_\_

Maryland \_\_\_\_\_\_

Massachusetts \_\_\_\_\_\_

Michigan \_\_\_\_\_\_

Minnesota \_\_\_\_\_\_

Mississippi \_\_\_\_\_\_

Missouri \_\_\_\_\_\_

Montana \_\_\_\_\_\_

Nebraska \_\_\_\_\_\_

Nevada \_\_\_\_\_\_

New Hampshire \_\_\_\_\_\_

New Jersey \_\_\_\_\_\_

New Mexico \_\_\_\_\_\_

New York \_\_\_\_\_\_

North Carolina \_\_\_\_\_\_

North Dakota \_\_\_\_\_\_

Ohio \_\_\_\_\_\_

Oklahoma \_\_\_\_\_\_

Oregon \_\_\_\_\_\_

Pennsylvania \_\_\_\_\_\_

Puerto Rico \_\_\_\_\_\_

Rhode Island \_\_\_\_\_\_

South Carolina \_\_\_\_\_\_

South Dakota \_\_\_\_\_\_

Tennessee \_\_\_\_\_\_

Texas \_\_\_\_\_\_

Utah \_\_\_\_\_\_

Vermont \_\_\_\_\_\_

Virginia \_\_\_\_\_\_

Washington \_\_\_\_\_\_

West Virginia \_\_\_\_\_\_

Wisconsin \_\_\_\_\_\_

Wyoming \_\_\_\_\_\_

B-1 \_\_\_\_\_\_

TOTAL \_\_\_\_\_\_

4. Indicate the average hours per week an Independent Contractor works: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Indicate the average wage received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the format in which it is paid (e.g. hourly, per project, per mile, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Indicate number of Owner Operators, Contract Drivers, Laborers and Passengers by Operation

Intermodal \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Dry Van \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Refrigerated \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Tanker \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Oversized \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Flatbed \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Sand & Gravel \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Auto Hauling \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Moving & Storage \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Home Delivery \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Courier/PP/PU \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**SECTION III: LOSS CONTROL INFORMATION**

1. Name of Safety Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Number of years’ experience in Loss Prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Number of years working with this Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Provide a brief description of the Safety Program currently in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION IV: INSURANCE PLAN AND REQUESTED COVERAGE**

1. Is a sponsored Occupational Accident coverage currently in force? Yes No

a. Is Occupational Accident insurance mandatory or voluntary? Mandatory Voluntary

b. If mandatory, what is the name of the carrier? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. What is the in-force rate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Why is this account out to market? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Death and Dismemberment Benefit $150,000 $200,000 $250,000

$300,000 Other: $ \_\_\_\_\_\_\_\_\_

3. Medical

a. Accident Medical Expense Benefit $300,000 $500,000 $1,000,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Maximum Benefit Period 52 weeks 104 weeks \_\_\_\_\_\_\_\_\_\_\_\_

c. Benefit Waiting Period 7 days 14 days \_\_\_

4. Disability 70% To Age 65\_\_\_ 75\_\_\_

a. Total Disability Benefit $400 $500 $600 Other (up to $2,000): $ \_\_\_\_\_\_\_\_\_

b. Permanent Disability Benefit $400 $500 $600 (up to $2,000) $ \_\_\_\_\_\_\_\_\_

**SECTION V: CONTINGENT LIABILITY INFORMATION (IF APPLICABLE)** N/A

1. Do you wish to add Contingent Liability insurance? Yes No

2. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has any prior Workers' Compensation, Contingent Workers' Compensation, Contingent Liability or similar coverage been declined, cancelled or non-renewed in the past three (3) years? Yes No

a. If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you ever experienced a loss under Workers' Compensation, Contingent Liability or similar coverage where an Independent Contractor sued for employee status? Yes No

a. If yes, please give details of each loss *(Attach a separate sheet, if necessary.)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do the Independent Contractors sign contracting agreements with the Contracting Company? Yes No

**SECTION VI: PRODUCER INFORMATION**

1. Are you the incumbent broker/broker of record? Yes No

2. Are you and your agency licensed in the Company’s state (if there are multiple locations, this refers to the Company’s primary address)? Yes No

3. Is the license for: Accident & Health Property & Casualty Both

4. Questionnaire completed by (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

On Behalf of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_