
Parcel Delivery Supplemental Application Workers' Compensation

Insured Name: _____

Insured Website: _____ Year Business Established: _____

Insured FEIN: _____ DOT or MC/MX Number: _____

I. OPERATIONS

1). Type of Carrier: Common Carrier Contract Carrier Private Brokerage Exempt

2). States drivers are contracted out of: _____

3). % of Hauls < 50 miles _____% > 51-200 miles _____% 201-500 miles _____ % >500 miles _____ %

4). Identify the types of trucks and the number used for each:

Single Trailer: _____ Box Trucks: _____ Step Vans: _____

5). Describe owner experience/history with Amazon/FedEx:: _____

II. DRIVER INTERACTIONS WITH FREIGHT

1). Do drivers load or unload freight? Yes No

2). Loading or Unloading with Material Handling Aids/Dollies Yes No

If "Yes", what %? _____ %

3). Please provide the % breakdown of goods hauled:: _____

III. DRIVER SELECTION

1). Driver Selection Includes:

Written Application Written Test Road Test Interview
 Pre-Hire Physicals Reference Checks Drug Testing MVR Checks

2). Turnover rate: _____% Minimum years of experience for new drivers _____

3). Total number of employee drivers: _____ How are drivers paid? _____

4) What % of payroll is based on overtime or double-shift work? _____ %

5). Number of W2 forms issued in previous calendar year: _____ Number of 1099's issued: _____

6). Number of drivers under 25 years old: _____ Number of drivers over 65 years old: _____

7). Are more than 10% of the drivers Independent Contractors? Yes No

8). Number of Owner/Operators that "Own" the truck they operate: _____

9). Owner/Operators are paid on the basis of: Miles Trip Load Hour

Other: _____

10). Are Owner/Operators included in the insured's workers' compensation policy? Yes No

If "No", are certificates obtained? Yes No

11). Driving Violations:

Suspended or Revoked Licenses? Yes No

Major Violations** in the Past 5 Years? Yes No

3+ Moving Violations in the Last 12 Months? Yes No

4+ Moving Violations in the last 12 Months? Yes No

**Major violations are defined as:

DWI, DUI or Open Bottle Violation	Driving while license is suspended or revoked	Negligent Homicide
All drug or alcohol related Offenses	Reckless/Careless driving or endangerment	Speeding 20+ over the speed limit
Speeding in a Work zone	Leaving a Scene of an Accident/or hit & Run	Unlawful use of Vehicle
Speed contest or racing	Speeding in a School Zone	Any felony violations

IV. SAFETY

1). Is there a formal Driver Training & Safety Program? Yes No

If "Yes", please attach a copy of the Table of Contents from the program

2). Are Driver Safety Meetings conducted? Yes No

If "Yes", the frequencies of the meetings: _____

3). Do you have a Return to Work Program? Yes No Are vans equipped with speed and trip recorders? Yes No

4). Satellite Tracking System (GPS)? Yes No

If "Yes", what % of vehicles are equipped with the tracking devices and are utilized: _____%

5). Are drivers required to receive a medical exam every 2 years? Yes No N/A

6). Is there a driver's inspection log for pre-trip and post-trip inspections? Yes No

V. ADDITIONAL DETAILS

1). Is the applicant a designated Amazon/FedEx Delivery Service Provider (DSP)? Yes No

2). What is the % of delivery services provided for Amazon DSP/FedEx? _____%

3). Did the applicant complete the Amazon DSP/FedEx training program? Yes No

4). Are all delivery vehicles leased through the Amazon DSP/FedEx program? Yes No

- 5). Is a pre-employment background check conducted for all drivers, including MVR check and drug screening? Yes No
- 6). Is a comprehensive new driver training program in place, including safe driving habits, efficient route management and safe lifting techniques? Yes No
- 7). Is there a comprehensive accident review process, including an accident report and post-accident drug screening? Yes No

Name of Agent (please type or print)

Signature

Date

Name of Person Signing for Insured (please type or print)

Signature

Date