

**AMERISAFE, INC. WORKERS' COMPENSATION  
2301 Hwy. 190 West  
DeRidder, LA 70634**

Date Submitted  
(MM/DD/YYYY)

APPLICANT NAME AND  
MAILING ADDRESS

PHONE

CELL PHONE

CARRIER

- American Interstate Insurance Company  
 Silver Oak Casualty, Inc.

1. List the products the Applicant hauls:

2. Does the Applicant transport hazardous materials? \_\_\_\_\_ % of Hazardous Materials  
\_\_\_\_\_ % of Non-Hazardous Materials

3. Terminals:

a. List physical location of each terminal. (Include City, State, and Zip)

b. List all states where units are garaged at drivers residence.

-If any, can driver be dispatched from residence?  Yes  No

4. Scope of operation:

a. List all states.

b. List routine shipping points.

c. Any driving or deliveries in the State of Florida?  Yes  No

5. Maintenance:

a. Describe the age and condition of vehicles.

b. Describe maintenance schedules performed on equipment.

6. Routes: \_\_\_\_\_ % Regular \_\_\_\_\_ % Irregular

7. Radius: \_\_\_\_\_ % 0-200 Miles \_\_\_\_\_ % Over 200 Miles

8. Drivers \_\_\_\_\_ % Single Drivers \_\_\_\_\_ % Co-Driver Teams

9. Does the Applicant lease owner operators?  Yes  No

If yes, are the owner operators included on the policy?  Yes  No

If no, does the carrier obtain Workers Compensation Certificates of Insurance?  Yes  No

**NOTE: We do not recognize Occupational Accident insurance policies as a substitute for Workers Compensation coverage. You will be charged for uninsured drivers.**

**AMERISAFE, INC. WORKERS' COMPENSATION TRUCKING  
2301 Hwy. 190 West  
DeRidder, LA 70634**

**SUPPLEMENTAL APPLICATION**

**10. Total Number of Power Units?**

Indicate Number of Each Type

|                            |                   |
|----------------------------|-------------------|
| Tractor-conventional _____ | Dump Trucks _____ |
| Tractor-cabover _____      | Wreckers _____    |
| Straight Trucks _____      | Other _____       |

**11. Number and type of trailers? (Or type of bed for Straight Trucks)**

|                              |                           |
|------------------------------|---------------------------|
| Flatbeds _____               | Reefer _____              |
| Lowboys _____                | Open Top Van (chip) _____ |
| Tankers (bottom load) _____  | Dump Trailer _____        |
| Tankers (top load) _____     | Container _____           |
| Tankers (with baffles) _____ | Logging _____             |
| Tankers (no baffles) _____   | Pole _____                |
| Dry Box _____                | Other _____               |

**12. What percentage of the Applicant's deliveries are Less Than Load (LTL)? \_\_\_\_\_ % LTL**

**13. What percentage of the Applicant's drivers Load their vehicles? \_\_\_\_\_ %**

Of those, what % is: \_\_\_\_\_ Manual Loading \_\_\_\_\_ Mechanical Loading

Do they use lumpers?  Yes  No

Are lumpers insured?  Yes  No

**14. What percentage of the Applicant's drivers tarp their own loads? \_\_\_\_\_ %**

Of those, what % is: \_\_\_\_\_ Manual Tarping \_\_\_\_\_ Mechanical Tarping

**15. What percentage of the Applicant's drivers secure their own loads? \_\_\_\_\_ %**

**16. Identify Applicant's Auto Liability Carrier.**

**17. Estimate the Applicant's annual percentage of driver turnover?**

**18. Estimated total number of drivers during previous calendar year:**

Number of 1099 forms issued for previous calendar year: \_\_\_\_\_

Number of W2 forms issued for previous calendar year: \_\_\_\_\_

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

|                             |            |                         |            |
|-----------------------------|------------|-------------------------|------------|
| Applicant's Signature _____ | Date _____ | Agent's Signature _____ | Date _____ |
|-----------------------------|------------|-------------------------|------------|