



CONTINGENT LIABILITY APPLICATION

Motor Carrier Name: _____

Motor Carrier Address: _____

Motor Carrier Contact: _____ Telephone Number: _____

1. In what state(s) does the motor carrier operate? _____
2. What state(s) does the motor carrier cover? _____
3. Has any prior Workers' Compensation, contingent Workers' Compensation, contingent liability or similar coverage been declined, canceled or non-renewed in the past three years? ☐ Yes ☐ No If yes, please explain: _____

4. Please provide information on your **current employee Workers' Compensation** policy.

Insurer Name: _____ Policy Number: _____

Term: _____ Deductible / SIR: \$ _____

State(s) of Domicile: _____

Please provide the Experience Modification Factor: _____

5. Please provide information on your current **Contingent Workers' Compensation policy, Contingent Liability policy, or similar coverage**. Please specify which policy.

Insurer Name: _____ Policy Number: _____

Term: _____ Expiring Rate: _____

State of Domicile: _____ Type of Policy: _____

6. Have you ever experienced a loss under Workers' Compensation, contingent liability or similar coverage where an owner-operator or contract driver has been deemed an employee? ☐ Yes ☐ No If yes, please give details of each loss. (attach a separate sheet, if necessary)

Date	Description	Amount of Loss

7. Have you been cited for any Occupational Safety and Health Administration (OSHA) violations in the past five years?
☐ Yes ☐ No If yes, please provide details _____

We also need to review the relationship of the independent drivers to the trucking company or motor carrier.

1. Do the drivers sign independent contractor agreements? (If so, please provide a sample agreement)
☐ **Yes** ☐ **No**
2. Is the driver responsible for providing the truck?
☐ **Yes** ☐ **No**
3. Is the driver responsible for the maintenance of the truck?
☐ **Yes** ☐ **No**
4. Is the driver responsible for the operating costs of the truck, including fuel, repairs, supplies, physical damage insurance and personal expenses?
☐ **Yes** ☐ **No**
5. Is the driver responsible for hiring and supervising the necessary personnel to operate the truck?
☐ **Yes** ☐ **No**
6. Is the driver compensated on a basis other than time expended in the performance of work?
☐ **Yes** ☐ **No**
7. Is the driver responsible for determining the time, means, and method of performance of the assignment?
☐ **Yes** ☐ **No**

Coverage Limits:

Part A	Statutory benefits
	Statutory benefits to a maximum of \$1,000,000 (NC, NV, CO, NJ, MA)
Part B	\$100,000 Bodily Injury by Accident (Each Accident)
	\$500,000 Bodily Injury by Disease (Policy Limit)
	\$100,000 Bodily Injury by Disease (Each Employee)

I hereby acknowledge that all answers and statements contained, including the attached data, are true and complete. I understand that the Contingent Liability contract is registered and delivered as a surplus lines coverage under applicable state law. I also understand that no coverage will become effective until an application has been signed and approved by the Insurance Company, a policy of Insurance is issued and the required premium is paid, and the premium for the Contingent Liability policy shall not be co-mingled with the premium from any other policy.

(Risk Manager or the person responsible for Insurance procurement)

Applicant Signature

Date

Date

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number:
(866) 903-1192. This Notice is provided on behalf of Zurich American Insurance
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Please tell us about your organization.

Producer Name: _____

Address: _____

12`Producer Code (if known) _____

Contact Person: _____ Telephone Number: _____

Fax Number: _____ E-mail address: _____

Requested Commission: _____