

Please fax to 936-309-0050 or email to Sales@texaspartnersinsurance.com

Applicant Information

Applicant Name:

Requested Effective Date:

Address:

City:

State:

Zip:

Nature of Business:

Number of years in business:

Tax ID Number:

Date of workers' comp coverage rejection:

Business Type: ☐ Corporation ☐ Partnership ☐ Other:

Has worker's comp or occupational accident coverage ever been canceled, refused or non-renewed?

☐ Yes ☐ No

If yes, please explain:

Is applicant subject to LPG or TxDOT Regulations? ☐ Yes ☐ No

Within what radius does applicant haul?

Does applicant handle, store, or engage in transport of hazardous materials (*including but not limited to explosive, caustic, poisonous or flammable materials*)? ☐ Yes ☐ No

If yes, please explain:

Please specify commodities hauled:

What percentage of loads are manually loaded or unloaded (use 0% if no manual (un)loading)?

% Loaded

%Unloaded

Does applicant use Co-Drivers? ☐ Yes ☐ No If yes, what percent? %

Does applicant perform any work at heights over 24 ft.? ☐ Yes ☐ No

If yes, please explain:

Do any employees travel out of state? ☐ Yes ☐ No

If yes, please explain:

Does applicant use temporary employees? ☐ Yes ☐ No

If yes, please provide number of temporary employees:

Work Information

Are Owners, Officers or Partners to be covered? ☐ Yes ☐ No

Are any affiliate companies to be covered? ☐ Yes ☐ No

If yes, please provide Legal Name, Address and number of employees at each location.

# of Full-Time		# of Part Time		Classification Code	Annual Payroll by Class (As reported to IRS)	Classification or Description
W-2	1099	W-2	1099			

Total Number of Employees:

Total Payroll: \$

Waiver of Subrogation? ☐ Yes ☐ No

Current Worker's Comp or Accident Premium \$

Benefits to be Quoted (please call for other options)

CSL Benefit:

SIR:

(\$1M - \$5M CSL)

(\$1,000 - \$500,000 (Self Insured Retention))

Benefit Period: ☐ 52 weeks ☐ 104 weeks ☐ 156 weeks

Weekly Income: (85% up to \$850)

Waiting Period: days

Please submit 3 years (hard copy) current valued loss history: Valuation Date of loss information:

Year	Carrier	Total Losses	Description of Each Loss in Excess of \$5,000 (Use separate sheet if necessary)



Texas Nonsubscriber Quote Application

1. Has this applicant (or affiliate) been in the Texas Workers' Compensation System in the last 3 years?
☐ Yes ☐ No
If yes, have they had an experience modification factor of 1.50% or higher? ☐ Yes ☐ No
2. Has the applicant (or affiliate) ever had an Employer's Liability claim? ☐ Yes ☐ No
3. Does the applicant have Employer's Excess Indemnity coverage? ☐ Yes ☐ No
Carrier name:
4. Does the applicant have a written Safety/Loss Control Program? ☐ Yes ☐ No
Date program initiated:
5. Does the applicant have any Pre-hiring requirements? ☐ Yes ☐ No
If yes, please provide details on a separate sheet.

Please provide a copy of the written Safety Program as well as any additional information regarding applicant's loss control practices. If the answer to #2 or #3 is YES, please give a complete descriptions, dates, and amounts of claims on a separate sheet.

Agent and Applicant hereby acknowledge that: (a) all answers and statements contained herein, including any attached data, are true and complete; (b) Insurer will rely solely on the information provided in this Fax-A-Quote, along with any attached data, in considering whether to provide the requested insurance coverage; and (c) this Fax-A-Quote shall become a part of the Policy should coverage be bound.

Agent

Agent Email

Phone

Fax

Agent Signature

Date

Applicant Signature

Date

Please return completed form to Sales@texaspartnersinsurance.com

Direct Fax: 936-309-0050

TRANSPORTATION ADDENDUM

APPLICANT NAME: _____

DESCRIPTION OF OPERATIONS:

Carrier Type: ☐ Common ☐ Contract ☐ Private ☐ Other: _____

If Contract, for whom: _____

DOT Number: _____ MC Number: _____ Latest DOT Rating: _____ Yr: _____

COMMODITIES HAULED: (Show %)

Air Freight		Containers		Garbage		Sand/Gravel	
Bottom Dump		Dry Van Freight		Liquids		Swinging Meat	
Bulk Materials		End Dump		Livestock		Tanker Operation	
Car Hauler		Explosives		Logs/Woodchips		Transfer Trailers	
Cement		Farm Products		Mail		Other:	
Coal		Flatbed Freight		Reefer Freight			

Describe Commodities:

What Percentage of total truck loads are manually loaded or unloaded? _____% Maximum weight being manually handled? _____ lbs.

SCOPE OF OPERATIONS:

Radius: _____

Radius by %: 0-50 miles _____% 51-200 miles _____% 201-500 miles _____% 500+ miles _____%

Co-Driver or Team Drivers Exposure? ☐ Yes ☐ No If so, _____%

PRE-HIRING:

☐ Drug Test ☐ Road Test ☐ Written Test ☐ MVR Review Minimum Age: _____
☐ Checks Prior Employment ☐ Medical Cert Minimum Experience Required: _____

SAFETY PROGRAM:

Written Safety Program? ☐ Yes ☐ No Comments: _____
Safety Meetings Held? ☐ Yes ☐ No Frequency: _____
Driver Orientation? ☐ Yes ☐ No Description: _____
Driver Incentives? ☐ Yes ☐ No Description: _____

Full Time Safety Director? ☐ Yes ☐ No Name & Yrs. Exp.: _____

MAINTENANCE PROGRAM:

Repair Shop? ☐ Yes ☐ No Types of Repairs: ☐ Minor ☐ Major ☐ Body
Inspections? ☐ Yes ☐ No Frequency: _____
Maintenance Records Kept on Individual Vehicles? ☐ Yes ☐ No
Comments: _____

Additional Coverage Comments/Notes: _____