

Please email completed form to: excessworkerscomp@midman.com

Effective Date: _____

Applicant's Representative:		<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal of Policy Number:	
Address:		City, State:		Zip:	
Phone:		Email (optional):			

1. Name of Applicant (list only qualified self-insured):

2. Provide the following for all owned or leased vehicles:

Type of Vehicle	No. of Vehicles	Avg. No. of Emp. Each Vehicle	No. of Drivers	Avg. Radius of Travel	Primary States	Max. Radius of Travel	Primary States	No. of Units			Avg. No. of Weekly Trips			
								L	I	LH	L	I	LH	
Heavy & Extra Heavy Trucks														
Truck Tractors														
Other*														
Shuttle Vans & Buses**														
Vans, Light & Medium Trucks														
Passenger Cars														
Total:														

*Golf Carts, ATVs, Trams, etc.
 **Applies to transportation of employees to and from any worksite or work location.

L: Local
 I: Intermediate
 LH: Long Haul

3. Does the applicant contract with owner operators? Yes No If yes, please complete the following:

A. Number of owner operators:
B. What is the total payroll applicable to these drivers?
C. Is applicant responsible for workers' compensation coverage for owner operators? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was owner operator payroll included in calculation of Manual Premium? <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are certificates of insurance required if owner operators obtain workers' compensation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does applicant agree to provide copies of certificates to excess carrier upon demand? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Does applicant hold licenses to haul for others? Yes No

If yes, interstate intrastate

5. Does applicant transport toxic chemicals, hazardous materials, gases, gasoline or flammables, explosives or explosive materials? Yes No

6. List all types of goods hauled or back-hauled:

7. Describe any driver safety or incentive programs:

8. Explain "other" vehicles or provide general comments:

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative:	Applicant Signature:
Date:	Title: