

**MASSACHUSETTS WORKERS' COMPENSATION ASSIGNED RISK POOL
TRUCKER/DELIVERY SUPPLEMENTAL APPLICATION**

Where space restricts a complete answer, attach responses on a separate sheet of paper.

1. Employer Name: _____
2. a. FEIN: _____ b. US DOT #: _____
3. a. Commercial Auto Carrier: _____ b. Commercial Auto Policy #: _____
4. Do you or your employees operate out of a base terminal* in Massachusetts? ☐ YES ☐ NO
 - a. If YES, (1) provide the terminal address(es) in MA, and (2) attach a list of all employees assigned to each terminal:

 - b. If NO, do you or your employees spend a majority of time* driving in any one state? ☐ YES ☐ NO
If YES, attach a list of employees including the state of majority driving time for each employee.
If NO, attach a list of employees including the state of residence for each employee.
5. How many of your MA drivers are independent owner-operators (i.e., own or lease their vehicles)? _____
 - a. If greater than zero, provide a list of all such MA drivers' names, home addresses and vehicle registration numbers.
 - b. Do you have an equipment lease agreement with your employees or owner-operators? ☐ YES ☐ NO
If YES, attach a signed copy of each equipment lease agreement.
 - c. # of W-2's issued last year: _____ # of 1099's issued last year: _____
 - d. Do you have workers' compensation certificates of insurance on file for each such MA driver? ☐ YES ☐ NO
If NO, you must include the payroll of every driver without a certificate in Section VI of your coverage application.

In Massachusetts, Occupational Accident Insurance Coverage is not recognized as a substitute for Workers' Compensation.

6. How are the drivers compensated? ☐ Hourly ☐ By the mile ☐ By the load ☐ By the package ☐ Other – explain:

7. Indicate operations provided by applicant:
☐ Delivery of goods/merchandise owned by employer. Type of goods: _____
☐ General trucking ☐ Parcel or package delivery limited to 100 lbs. or less.
☐ Towing w/out repair (repair < 50% gross revenue) ☐ Towing w/repair (repair > 50% gross revenue)
☐ Contract carrier directly for retail store(s). No general trucking. Provide a copy of the contract(s).
☐ Contract carrier for US Postal Service. No general trucking. Provide a copy of the contract.
☐ Other – explain: _____

*** Definitions:**

Base Terminal – A permanent location with central loading docks and/or storage facilities where a trucker regularly goes to load, unload, store or transfer freight.
State of Majority of Driving Time – State where trucker spends more time driving in or through than any other state. Must be verifiable.

EMPLOYER & PRODUCER STATEMENTS: I understand that this Trucker/Delivery Supplemental Application is being submitted as an attachment to the employer's Massachusetts Assigned Risk Pool Application for Workers' Compensation Insurance and is part of that application. By signing this application, I am stating that I am the employer or have been authorized by the employer to complete this application, and I have read, understand and confirm that the Applicant's Agreements, the Fraud Notice, and the Producer's Statement agreed to on the Pool application are applicable to this form as well.

EMPLOYERS' SIGNATURE

(Sole Proprietor, Partner, Officer, Member or Trustee)

DATE

PRODUCER'S SIGNATURE

DATE