

DELAWARE
WORKERS COMPENSATION INSURANCE
SUPPLEMENTAL APPLICATION

Return to Delaware Compensation Rating Bureau, Inc., United Plaza Building - Suite 1500, 30 South 17th Street, Philadelphia, PA 19103-4007. Where space restricts a complete answer, attach answer on separate sheet of paper, in duplicate.

Name: _____
Home Address: _____
Business Address: _____
Phone: Home: _____ Business: _____
Federal ID Number: _____

Do you or companies with whom you have contracts employ or use any independent owner-operators?

Yes No

If yes, list: Name All Drivers Home Address
(attach list for _____
additional) _____

Do you have workers compensation certificates of insurance on file for each owner-operator? If yes, attach copies of same.

Yes No

If no, is payroll included on application for coverage? Yes No

Do you lease employees to other firms? Yes No

If yes, list firm name(s) and street address(es) of terminal locations where leased employees are operating.

With whom is your largest hauling contract?

Firm: _____
Address: _____

Location of all Delaware base of operations:

When your drivers do not operate from a base of operations, the state to which the payroll is assigned shall be determined as follows: Establish in what state your individual truckers spend the majority of driving time. Factors such as driving time, number of pickups and deliveries, revenue and tonnage should be considered in determining the state of payroll assignment.

<u>Drivers Name</u>	<u>State</u>	<u>Payroll</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attached list for others)

If a state payroll assignment cannot be made based on the above factors then the truckers payroll shall be assigned to their state of residence. (State of residence used for the filing of federal income taxes.)

<u>Drivers Name</u>	<u>State</u>	<u>Payroll</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGREEMENT OF APPLICANT

The undersigned employer hereby certifies that the statements in this application have been read and understood. Furthermore, in consideration of the issuance of the policy of insurance, the undersigned also certifies that the statements in this application are true and agrees:

1. To maintain a complete record of all payroll transactions in such a manner as the insurance company may reasonably require and such record will be available to the company at the designated Delaware address.
2. To comply substantially with all laws, orders, rules and regulations in force and effect made by the public authorities and with all reasonable recommendations made by the insurance company relative to the welfare, health and safety of the employees.

(Violation of any of these agreements may result in cancellations of any policy of insurance issued.)

Business Name of Employer

Signature

Date of Application

Title