

SMALL BUSINESS PLAN

TRUCKING

SELECTION WORKSHEET

ואסטאבט:	AGENCY:	
ADDRESS:	ADDRESS:	
*FEIN:	PHONE:	
[Mandatory]	FAX:	······································
SCREENING QUESTIONS:		SCORE
1. Is the estimated premium (Manual, unmodified) gr	reater YES = 0	
than \$10,000?	NO = DECLINE	
2. Is the experience mod less than 1.25?	YES or N/A = 0	
	NO = DECLINE	
3. Does the Insured have any ineligible classes?	YES = DECLINE	
(Refer to attached list of ineligible class codes)	NO = 0	
4. Any Hauling of explosives or ammunition?	YES = DECLINE	
	NO = 0	
A. Any manual loading/unloading?	YES =2	
	NO = 0	
B. Any warehouse transfer facilities?	YES =2	
	NO = 0	
5. Does the applicant's driving records meet the following guidelines?		
A. Any major violation in the past three years (inclined to DWI, reckless driving, etc.).	uding but YES =DECLINE NO= 0	
B. Combination of three or more moving violations accidents in the last three years.	or at fault YES=DECLINE NO=0	
C. Suspended or revoked license.	YES = DECLINE NO=0	
6. Do all drivers have three or more years commercial driving experience?		
diffing expendice:	NO=DECLINE	
7. Does the employer have evidence of WC coverage	e YES = 0	
for the past 2 years? (i.e. copies of dec. pages)	NO =1	
8. Has there been a lapse in coverage due to nonpay	ment YES = 1	
of premium more than once in the last 12 months?	•	
9. Are more than 10% of the drivers independent	YES = DECLINE	
contractors?	NO = 0	\/•
10 Is the employer currently insured through the Assi	and Disk Dlan2	VEC NO

10. Is the employer currently insured through the Assigned Risk Plan?

YES NO please circle