

DRIVERS

Minimum age for new driver	25	Do driver selection procedures include the following (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Written Application <input type="checkbox"/> Written Test </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> MVR Check <input checked="" type="checkbox"/> Road Test </div> </div>			
Minimum experience required	3 Years				
# of full-time employee drivers	0				
# of part-time employee drivers	1				
		<input type="checkbox"/> Physical Exam Before Hire <input checked="" type="checkbox"/> Interview <input checked="" type="checkbox"/> Drug Test <input checked="" type="checkbox"/> Reference Check			
		<input type="checkbox"/> FMCSA Pre-employment Screening Program <input type="checkbox"/> Criminal background checks			
Number of W2 forms issued in previous calendar year		0	Number of 1099 forms issued in previous calendar year		0
What is the estimated percentage of driver turnover?			Describe recent trends in driver turnover		New Venture
Number of "true" owner/operators (own the truck they operate)		1	Number of "fleet operators" (operate truck owned by other entity)		1
• To be included on workers' compensation policy?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	• To be included on workers' compensation policy?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Certificates of coverage obtained?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• Certificates of coverage obtained?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

MAINTENANCE OPERATION

(CHECK ALL THAT ARE APPROPRIATE)

<input checked="" type="checkbox"/>	There are no employee mechanics - All truck and trailer service/repair is performed by outside entities)	<input type="checkbox"/>	One or more employees performs <u>most</u> non-warranty service/repair work on company-owned power-units
<input type="checkbox"/>	One or more employees performs preventative maintenance <u>only</u> (brakes, lights, oil, grease, etc)	<input type="checkbox"/>	One or more employees performs service/repair work on company-owned trailers
<input type="checkbox"/>	One or more employees repairs and/or mounts tires	<input type="checkbox"/>	One or more employees performs service repair work on for equipment not owned or operated by the applicant
		<input type="checkbox"/>	One or more employees performs work that involves tank entry
		<input type="checkbox"/>	

DRIVER INTERACTION WITH FREIGHT

(EXPRESSED AS PERCENT OF HAULS)

Drivers load or unload with material handling aids	100 %	Drivers tarping freight without tarping mechanical system	0 %
Drivers load or unload without material handling aids	0 %	Drivers secure freight using load-locks, bars, straps or chains	0 %
Drivers tailgating freight	0 %	Drivers are involved in decking and/or blanket-wrapping	0 %
Drivers top-load tankers (access using loading rack)	0 %	Other (describe)	
Drives top-load tankers (access using tanker ladder)	0 %		
Percentage of loads lumpers are used	0 %	Do lumpers carry workers' compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are certificates obtained for lumpers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL SAFETY MANAGEMENT

Frequency of driver safety meetings?		Contact Information for company safety director	
Incentive for clean roadside inspections?	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No	NAME <u>Traci Martin</u>	
Is there a safety-related incentive program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E-MAIL ADDRESS	
Does employer use electronic HOS logs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PHONE <u>803-381-4772</u>	
Is modified duty used to control claims costs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.	
Percent of employee participation in employer-provided healthcare insurance? (N/A if not offered)	N/A %		
Applicant's Signature		Agent's Signature	
X		Rodney L Hardy	

**OWNER OPERATORS (O/OPS) – Midwestern Underwriting Rule

In states where O/OPS are excluded by statute payroll will be included at audit unless; either a certificate of insurance for Worker's Compensation or proof of Occupational Accident Coverage is provided. In all other states (except North Carolina) O/OPS will be included in payroll at audit unless a Certificate of Insurance for Worker's Compensation is provided. North Carolina requires O/OPS to be included in coverage.

Please submit with Driver Schedule, Vehicle Schedule, Historical Premiums and Payrolls for the Past Five Years (or number of years in business if less than five years).

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID:

Sterling SiteWork LLC

EXPLAIN ALL "YES" RESPONSES	Y / N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p>(Applicant's Initials): _____</p> <p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).</p> <p>Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.</p> <p>Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.</p> <p>Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).</p> <p>Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p> <p>Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.</p>			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
X		Rodney L Hardy	6585368