



New Account Application "Trucking"

Company Name: _____

Physical Address: _____

Contact Name: _____ Title: _____

Phone #: _____ Fax #: _____

Federal ID #: _____ SUTA #: _____ Rate: _____

Type of Company: "S" Corp. "C" Corp. Partnership Sole Proprietor LLC

Job Description	Class Code	# of Employees	Turnover %	Weekly Pay

OTR Drivers: Number of nights out per week: _____ Per-Diem Rate: _____

Method of Per-Diem Percentage Mileage Flat Other _____

Type of Trailers Vans Reefers Flatbed Tanks Other _____

Lanes of Traffic _____

Is loading and unloading required? _____

D.O.T. #: _____ Motor Carrier #: _____ SIC Code: _____

Payroll Frequency: Weekly Bi-Weekly Other _____

Years in Business: _____

Are you currently using the services of a P.E.O.? Yes No

Which company? _____

- If yes, please include a copy of a current invoice.
- Also please include a copy of your company's Worker's Compensation loss report for the past 3 years (5 years preferred)

If you are not currently using a P.E.O., please include the following with this application:

- A copy of your current Worker's Compensation policy declaration page. (Showing class codes, Mod, and estimated payroll)
- A copy of your Worker's Compensation loss report for the past 3 years (5 years preferred)
- A copy of a recent state quarterly unemployment tax report (SUTA)