



Fiercely Committed.
Proudly Independent.

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WORKERS COMPENSATION TRUCKING SUPPLEMENT

Name of Agent: _____

Please circle the answer on the following eligibility operational questions.

- | | | | |
|----|--|-----|----|
| 1. | Is the experience Mod/NCCI # less than 1.25?
(No is an automatic decline) | Yes | No |
| 2. | Does the applicant's driving records meet the
following guidelines? (Yes is an automatic decline) | | |
| | A. Any major violation in the past three years including
but not limited to DWI, reckless driving, etc... | Yes | No |
| | B. Combination of three or more moving violations or at
fault accidents in the last three years? | Yes | No |
| | C. Suspended or revoked license? | Yes | No |
| 3. | Do all drivers have three or more years commercial driving
experience. (No is an automatic decline) | Yes | No |
| 4. | Is the employer currently insured through the Assigned Risk
Plan? | Yes | No |
| 5. | Are more than 10% of drivers Independent Contractors? | Yes | No |

MVR's WILL BE REQUESTED UPON UNDERWRITERS DISCRETION

Please describe any other detail on the operation that may not be listed above:

Date

Agent or Insured Signature

"We Can Do It"