



SPECIALTY CASUALTY SOLUTIONS

Jackson Lloyd Texas Nonsubscriber Program transportation supplemental application

- 1) Applicant Name: DOT Number:
2) Drive company owned vehicles: Yes No
3) Any backhauling: Yes No
4) Any team driving: Yes No
5) Are drivers required to load or unload cargo: Yes No
6) Casual Laborers or Helpers used by Drivers: Yes No
7) Driver Hiring Requirements: Drug Test Road Test MVR Review Medical Certificate
8) Vehicle Maintenance Program: Inspections Frequency:
9) Radius of Operations: (show %)
10) Types of trailers (show %):

11) Commodities Hauled: (show %)

Table with 5 columns and 11 rows listing commodities such as Farm Supplies, Motor Vehicles, Building Materials, etc.

By signing this application form the applicant confirms that he or she has been provided with and inspected a specimen copy of the policy, and understands their rejection of the Texas Worker's Compensation Act status and the coverages and limitations of the policy.

If Coverage is issued based upon information provided in this application, the applicant understands and agrees that this application shall form a part of the policy, and the statements herein shall be construed as material representations of the applicant.

Applicant's Signature Title Date