

Independent Operator Questionnaire

Complete and Return to SWIF. Attach Additional Sheets if Necessary.

Insured's Name: _____ Date Sent to the Insured: _____

Insured's Address: _____

Application or Policy Number: _____ Effective Date: _____

Worker's Name: _____

Worker's Address: _____

1. This information must be provided for each independent operator on the attached listing.

a. Name, business address, social security number and Federal Employer Identification Number:

_____ Yes No

If Yes, list the names and addresses of those companies.

c. State the total number of years each trucker has worked for the insured and the percentage of time on a weekly basis that he works for your firm.

d. Has each trucker provided you with certificate(s) of insurance for workers' compensation? Yes No
If Yes, provide copy of certificate(s) of insurance.

e. Attach to this questionnaire, copies of any instructions, manuals, pamphlets or other documents routinely provided to the truckers considered independent operators relating to practices, methods or guidelines to be used in hauling loads for you.

f. Have you attached a completed, signed copy of any leases? Yes No
If No, please explain:

g. Does the independent operator hire other workers or independent operators to assist him? Yes No

2. Are 1099 and/or W-2 forms issued to the truckers listed? 1099's W-2's

3. Are the truckers listed totally free to refuse work? Yes No

4. Do the truckers perform work similar to your customary line of business? Yes No

5. Do the truckers listed as independent operators have absolute right to terminate their relationships with your company? Yes No

If No, explain in detail:

If Yes, how much notice is necessary? _____

6. Do you have the right to fire the truckers listed as independent operators without cause? Yes No

If No, please explain:

7. Do you provide any tools, equipment, work materials, tractors, vehicles or trailers? Yes No

If Yes, explain in detail:

8. Do the independent operators listed advertise their trucking services in newspapers, telephone books, yellow pages, on television, etc? Yes No

9. In addition to what is required by federal and state regulations, do you have the power to control the manner in which the independent operators listed perform their work to include selections of routes? Yes No

10. Do you select or otherwise control the route selection? Yes No

11. Do you affix a logo, placard or other symbol to the tractor saying the vehicle is under lease? Yes No

12. Does the lease with independent operators give to you, as the carrier, exclusive use, possession and control of the equipment during the term of the lease? Yes No

13. Do you provide liability and/or property damage insurance coverage for the leased tractor or other equipment? Yes No

14. Does your lease agreement require you to provide workers' compensation insurance coverage for the truckers listed in question 1? Yes No

15. List the name of the certificate holder and the respective I.C.C. and P.U.C. number utilized in the performance of the duties of each independent operator.

16. Does the independent operator operate under his own I.C.C. or P.U.C. rights? Yes No

If Yes, please provide his I.C.C. and P.U.C. numbers.

17. Are your drivers being provided under a lease relationship? Yes No

If Yes, provide a copy of lease agreement and a certificate of insurance naming your firm as a certificate holder, additional insured or the alternate employer endorsement. Also give a list of all drivers working under said lease.

18. Are your drivers being provided by a temporary employment service? Yes No

If Yes, provide a copy of any agreement in force between your firm and the temporary employment agency, and a certificate of insurance naming your firm as an alternate employer. Also give a list of all drivers provided by the temporary employment agency.

Name of Insured: _____ Date: _____

SIGNATURE AND TELEPHONE NUMBER OF PERSON COMPLETING THIS QUESTIONNAIRE
