



Grove & Davis
LAST MILE

LAST MILE DELIVERY



Workers
Compensation
Application

Company Name: _____

Office Phone Number: _____ Cell Phone Number: _____

Email: _____ Website: _____

Federal Tax ID#: _____ Year Established: _____

Entity Type				
S-Corp	C-Corp	Limited Liability Company	Limited Partnership	Sole Prop

Mailing Address: _____

Ownership Information				
Name	Date of Birth	%Ownership	State of Residency	Duties

Last Mile Sectors (check all that apply for this entity)					
FedEx Ground P&D	FedEx Ground Linehaul	FedEx Ground Custom Critical	DHL Delivery Contractor	Amazon Prime P&D	
Amazon Prime Linehaul	XPO Logistics	JB Hunt Final Mile	LSO Final Mile	OnTrac Delivery	
USPS Mail Delivery	USPS Linehaul	Bison Expediter	Courier Services	RX/Medical Equip Delivery	
Appliance Delivery (with Installation)	Ceva Logistics	Auto Parts Distribution	Food & Beverage Distribution	Other:	

1. Do you, your spouse, or your company own 51% or more of any other business(es)? Yes No

If, yes and that entity operates in Last Mile, please complete a separate application.

If, yes and that entity operates in another industry, please provide a detailed description of the operations and supply the Name, Tax ID#, and ownership breakdown:

2. Do you run Motor Vehicle Reports? Yes No
If, so how often? _____

3. Do you require pre-employment physicals? Yes No

4. Do you have a "Physical Demands" description of the job duties in your Employment Application?
Yes No

5. Do you have incentives for workplace safety? Yes No
If so, please provide detail: _____

6. Do you have a Formal Safety Program? Yes No

7. Do you have a Safety Director Position? Yes No

If so, please provide:

Name	Phone Number	Email Address	Yrs Industry Experience

8. Do you offer Employer Sponsored Health Insurance? Yes No

If so please, provide:

Insurance Company Name	Effective Date

9. Do you offer Employer Sponsored Vision Insurance? Yes No

If so please, provide:

Insurance Company Name	Effective Date

10. Have you had any Workers Compensation claims over \$5,000 in the past 12 mos ? Yes No

If so, please provide estimated claim amount, current status (open or closed), and description:

11. Do you have a Return to Work program? Yes No

If not, would you like help establishing one? Yes No

12. Do you perform post-accident review? Yes No

13. Are you interested in receiving additional credit on your work comp through a bundling discount?

Yes No

Current Insurance Information			
Effective Date	Insurance Company	Annual Premium	Annual Driver Only Payroll

PAYROLL INFORMATION

INSTRUCTIONS: Please complete a payroll information page for each physical address or terminal you operate from. Linehaul contractors should only provide information for origination NOT destination terminals. **DO NOT include owners** in this information.

Location 1

Address:		
Employee Type	Annual Payroll	Number of Employees
Parcel and Delivery Drivers		
Linehaul Drivers		
Appliance Delivery Drives (with installation)		
Mail Delivery		
Managers (not at terminal)		
Clerical Only		
Other Describe:		

Location 2

Address:		
Employee Type	Annual Payroll	Number of Employees
Parcel and Delivery Drivers		
Linehaul Drivers		
Appliance Delivery Drives (with installation)		
Mail Delivery		
Managers (not at terminal)		
Clerical Only		
Other Describe:		

Location 3

Address:		
Employee Type	Annual Payroll	Number of Employees
Parcel and Delivery Drivers		
Linehaul Drivers		
Appliance Delivery Drives (with installation)		
Mail Delivery		
Managers (not at terminal)		
Clerical Only		
Other Describe:		

Location 4

Address:		
Employee Type	Annual Payroll	Number of Employees
Parcel and Delivery Drivers		
Linehaul Drivers		
Appliance Delivery Drives (with installation)		
Mail Delivery		
Managers (not at terminal)		
Clerical Only		
Other Describe:		

To Whom It May Concern,

Grove& Davis Inc. is offering my company a Workers Compensation quote. I hereby grant them permission to order information necessary for underwriting. This includes, but is not limited to, my company's Experience Modification Rate from NCCI and any other state specific rating agencies.

Sincerely,