All applicants for BWC's Other States Coverage with trucking classifications must complete this supplemental application, in addition to the ACORD 130, as part of the underwriting process. You can acquire the ACORD 130 by contacting the Other States Coverage Unit by emailing bwcotherstatescoverage@bwc.ohio.gov, by calling 614-728-0535 or by contacting your insurance agent. **BWC will not provide quotes for coverage without a completed supplemental application.**

Submit the form to BWC in one of the following ways.
Email: bwcotherstatescoverage@bwc.ohio.gov
Fax: 1-800-671-2351
Mail: BWC Mail Processing Center
Attn: Employer Services
30 W. Spring St.
Columbus, OH 43215-2256

Important: If you email, fax, or mail the form to BWC, be sure to sign and date the form. BWC cannot process it without a signature.

Business name	BWC policy number
U.S. Department of Transportation number	Public Utilities Commission of Ohio number
Form completed by (name)	Contact phone number / Contact email address

1. **Please describe the nature of your trucking operation.**

2. **List each state in which known travel occurs.**
   Please note: "all states" is not a satisfactory answer. We need to know what individual states the policy should include. In addition, some states require an employer to register and obtain an unemployment identification number. You must do this before we can issue a policy.

3. **Is the average distance an employee drives 250 miles or less?** ☐ **Yes** ☐ **No**

4. **Please list all commodities hauled.**

A. Are any commodities hazardous, explosive or contain asbestos? ☐ Yes ☐ No

B. If yes, please list specific commodities.

_____

_____

_____

5. Do you or your employees operate out of a home terminal? ☐ Yes ☐ No
Home terminal refers to the place of business of a motor carrier at which a driver ordinarily reports for work. This is the business location where drivers pickup trucks.

A. If yes, provide the address(es) for each home terminal.

_____

_____

_____

B. If terminals are located outside of Ohio, provide an estimation of payroll for employees reporting to each terminal.

_____

_____

_____

C. If no, where do you garage the motor carriers?

_____

_____

_____

6. Please list all states of residence for employees.
State of residence is the state used by the driver/trucker for filing federal income taxes.

_____

_____

_____

A. If employees' residences are located outside of Ohio, provide an estimation of payroll for each state where employees live.

_____

_____

_____

Bureau of Workers' Compensation

7. **Does your company use owner-operators?** ☐ **Yes** ☐ **No**

   A. If yes, how many? _____

   B. Please list states of residence for owner-operators.

   _____

   _____

   _____

   C. If yes, submit evidence of coverage in the form of a certificate or exemption for each owner-operator.

   D. If yes, please list specific commodities.

   _____

   _____

   _____

   E. Are the tractors titled in the name of the owner-operator? ☐ Yes ☐ No

8. **Do you issue IRS Form 1099 to any of your drivers?** ☐ **Yes** ☐ **No**

9. **Are all of your drivers classified as company drivers?** ☐ **Yes** ☐ **No**

By my signature, I certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's name (please print)	Date

Producer's name (please print)	Date

By my signature, I certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief.

Applicant's signature	**Date**

Producer's signature	**Date**

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