



Trucking Industry Eligibility Form

Company Information

Company Name	
Years in Business	
Business Address	

Coverage Information

If you have existing coverage, please provide the carrier's name and length of existing coverage:

Carrier Name	
Length of Coverage	

Eligibility Checklist

Do drivers employed by your business currently haul into the United States of America?		YES		NO
If you answered yes to the above question, please indicate the average length of stay in the United States of America for a driver.		0-1 Day		
		2-7 Days		
		7+ Days		
Are drivers employed as permanent & exclusive employees?		YES		NO
Does your business hire drivers that are considered subcontractors?		YES		NO
Does your business pay the CPP (Canada Pension Plan) and EI (Employment Insurance) amounts for employees?		YES		NO
Please describe the metric used to pay drivers (per load, per hour, per job, etc.)				
Does your business employ any owner operators, who do work for other companies		YES		NO
Indicate the percent of employee premiums your business will cover				

Contractor Information (If Applicable)

Is the average length of contractor terms long-term in nature? (24+ months)		YES		NO
Are the contractors a continual and essential part of your company's business?		YES		NO
Does your business hire private/independent contractors that work on specific jobs or 'piecework'?		YES		NO
If your business employs contractors, is the nature of their employment long-term in nature? (24+ months)		YES		NO
If your business employs contractors, is the nature of their employment long-term in nature? (24+ months)		YES		NO
If your business has a mix of contractors and regular employees, please provide the reason why				

Declaration

By signing below, you confirm that the information and answers given in this form are, to the best of your knowledge and the information available, a true and accurate representation of the current operations of the business noted above.

Signature: _____

Date of Signature: _____