

Truckers Insurance Questionnaire
PLEASE COMPLETE AND FAX THIS FORM TO (866)313-9739 OR EMAIL IT TO US

Business Name _____ Your Name _____

Address _____ City/State/Zip/County _____

Garaging Address: _____ City/State/Zip/County _____

Phone # _____ Email: _____ Fax: _____ Web: _____

Describe Nature of Operations _____

Are You Owner Operator With Your Own Authority? Yes No If Not, Whose Authority Do You Operate Under:
 Name, Address, Phone Number And Website of The Authority: _____

CA DMV MCP #: _____ DOT#: _____ Others #: _____ Specify
 SS# or FEIN#: _____ Is this a new venture? Yes No If No, how long have you been in business: _____

You are a (Check all applicable):
 Contract Carrier Common Carrier Exempt Carrier Freight Broker Other _____

List Commodities Hauled and Percentage of Revenues: Please be specific. General freight must be broken down!

Commodity / Packaging	% of Revenues	Commodity / Packaging	% of Revenues

VEHICLES INFORMATION

Year	Manufacturer & Model	Unit Type Tractor or Trailer	GVW/ GCW	Complete Serial Number	License Plate Number	Current Value	Maximum Radius [] 100 [] 200 [] 300 [] 500 [other] _____	Specified Perils & Collision Deductibles
							[] 100 [] 200 [] 300 [] 500 [other] _____	/
							[] 100 [] 200 [] 300 [] 500 [other] _____	/
							[] 100 [] 200 [] 300 [] 500 [other] _____	/
							[] 100 [] 200 [] 300 [] 500 [other] _____	/

DRIVERS INFORMATION

Full Name As on Drivers License	Date of Birth	Driver License Number	License State	Number of Years T/T Driving	# of Accidents/ Violations in last 3 Years. Describe Violation and Provide Proof for No Fault Accidents

COVERAGE:

LIABILITY LIMIT \$ _____ UNINSURED MOTORIES \$ _____

MEDICAL PAYMENT \$ _____

PHYSICAL DAMAMGE COVERAGE FOR TRUCKS AND TRAILERS: Yes No IF YES, DEDUCTIBLE(S) \$ _____

ARE TRUCKS AND TRACTORS FINANCED OR LEASED? Yes No IF YES, WHICH VEHICLES: _____

MOTOR TRUCK CARGO COVERAGE Yes No IF YES, HOW MUCH \$ _____

DO YOU NEED REFRIGERATOR BRAKEDOWN COVERAGE Yes No TRAILER INTERCHANGE COVERAGE? Yes No IF YES,

HOW MUCH \$ _____ HIRED AUTO LIABILITY Yes No , IF YES, COST OF HIRE \$ _____ NON-OWNED AUTO

LIABILITY Yes No IF YES, # OF EMPLOYEES? _____

Do you haul your own goods exclusively? Yes No ___% Owned goods ___% Non-owned goods = 100%

Who do you haul for? _____

Do you haul under long term contract? Yes No Please describe contracts and length: _____

Describe any hazardous materials hauled: _____

Total Annual Mileage: Current Year _____ 1st Prior _____ Annual Gross Receipt? _____

Any State or Federal Filing Required? Yes No If yes, please specify what type of filing is needed? _____

Have you listed all vehicles owned, operated or under lease to you? Yes No _____

What is the basis for driver pay (if any)? Hourly Trip Mileage Fares Other, Explain _____

Do you own your own trailers? Yes No If not, who's trailer/trailers are you pulling? _____

Do you haul double trailers? Yes No Do you haul triple trailers? Yes No _____

Do you use sub-haulers or leased operators? Yes No Do you haul Intermodal/Containerized freight? Yes No

Do you operate in more than one state? Yes No, which States and Major Cities: _____

Frequency of hauls: _____ Please be specific

CA major cities and areas entered and frequency of hauls: _____

Do operations extend into or through these Locations? Check appropriate box Los Angeles San Francisco

Frequency of hauls: _____ Do you rent or lease vehicles to others? Yes No

Do you rent or lease vehicles from others? Yes No Are you the registered owner of all units listed, except "unidentified trailers"? Yes No

Is there a formal safety program in effect? Yes No

Is there a vehicle maintenance program in place? Yes

Please explain all "Yes" responses in remarks section

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any other insurance with this company or being submitted? Yes No
- 3) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 4) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability? Yes No
- 5) Have you had any claims, occurrences or losses during the past 5 years? Yes No

PRIOR INUSRNACE COMPANY AND LOSS INFORMATION – Please attach currently valued loss runs.

Insurance Company (not the agency)	Policy Number	Policy Period	Claims and Losses (if any)
			<u>Loss Paid/Occurred</u> <u>Date Occurred</u>
		Current Year: / / to / /	
		/ / to / /	
		/ / to / /	

Remarks:

Signature: _____ Date: _____