

# Commercial Auto Questionnaire

## APPLICATE INFORMATION

<b>Name</b>		<b>DBA</b>	
<b>Mailing Address</b>		<b>Garaging Address</b>	
<b>Phone</b>		<b>Email</b>	
<b>How Many Years' Experience in the Trucking Industry:</b>		<b>How Many Years as the Owner of this Business:</b>	
<b>DOT #</b>		<b>MC #</b>	
<b>CA #</b>		<b>Other Filing</b>	

## DRIVER SCHEDULE

	<b>Full Legal name</b> <i>As it appears on the license</i>	<b>Date of Birth</b>	<b>Driver License #</b>	<b>DL State</b>	<b>Year Received CDL</b>	<b>Date of Hire</b>
<b>Owner</b>						N/A
<b>Dri # 2</b>						
<b>Dri # 3</b>						
<b>Dri # 4</b>						
<b>Dri # 5</b>						

## POWER UNITS – We can accept copies of the registration

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	<b>Year</b>	<b>Make - Model</b>	<b>Body Type</b>	<b>Vin Number</b>	<b>Value</b>	<b>Deductible</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						

## TRAILERS

TRAILERS					PHYSICAL DAMAGE	
	<b>Year</b>	<b>Make - Model</b>	<b>Body Type</b>	<b>Vin Number</b>	<b>Value</b>	<b>Deductible</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						

<b>Description of Commodities hauled:</b> Provide the 4 most common commodities, value and % of each		
Commodity (ie: Building Materials, Produce, Autos, Hay )	Value	% Hauled
1.	\$	
2.	\$	
3.	\$	
4.	\$	

<b>Radius of Operation:</b> What percent will you be traveling the following radius in Miles					
% 0-50	% 51-100	%101-200	%201-300	% 301-500	% Over 500

<b>Will the applicate be crossing state lines:</b>	<b>YES</b>		<b>NO</b>	
<b>If yes, list the states entered:</b>				

<b>Prior Insurance Carrier:</b> Please attach loss runs if available										
	Company Name	Effective Dates							# of Losses	Paid Out
		MM	DD	YYYY	to	MM	DD	YYYY		
Current					to					
Yr Prior					to					
Yr Prior					to					

<b>BROKERS --</b> Place an X next to the coverages you want			
	<b>None</b>		
	Hired Auto		Total Number of Sub-haulers
	Non-owned Auto		Total Gross Sub-haul Receipt
	Any Auto		Number of Employees

<b>LIABILITY LIMT –</b> Place an X next to the coverages you want					
<b>AUTO LIABILITY (AL)</b>		<b>UNINSURED MOTORIST (UM)</b>		<b>MEDICAL PAYMENT</b>	
	\$750,000CSL		<b>None</b>		<b>None</b>
	\$1,000,000CSL		\$30,000 / \$60,000		\$1,000
	\$1,500,000CSL		\$60,000		\$5,000
	\$2,000,000CSL		Matching Auto Liability Limit		
	Other: \$		CSL		

<b>MOTOR TRUCK CARGO</b>		<b>TRUCKERS GENERAL LIABILTIY (GL)</b>		
	<b>None</b>		<b>None</b>	
	\$75,000		\$1,000,000 per occurrence / \$1,000,000 Aggregate	
	\$100,000		\$1,000,000 per occurrence / \$2,000,000 Aggregate	
	\$150,000		\$1,000,000 per occurrence / \$3,000,000 Aggregate	
	\$200,000		\$2,000,000 per occurrence / \$2,000,000 Aggregate	
	\$120,000		Other: \$	per occurrence / \$ Aggregate
	Other: \$			

<b>TRAILER INTERCHANGE –</b> Must have a contact for coverage, otherwise we use stated amount				
	<b>None</b>	<b>Number of Trailers</b>	<b>Value</b>	<b>Deductible</b>