

Commercial Auto Questionnaire

APPLICATE INFORMATION

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

DRIVER SCHEDULE

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

POWER UNITS – We can accept copies of the registration

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|--|-------------|---------------------|------------------|-------------------|-----------------|-------------------|
| | Year | Make - Model | Body Type | Vin Number | Value | Deductible |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

TRAILERS

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

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

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

| | | | | |
|--|------------|--|-----------|--|
| Will the applicate be crossing state lines: | YES | | NO | |
| If yes, list the states entered: | | | | |

| Prior Insurance Carrier: 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 | | | | | |

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

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

| MOTOR TRUCK CARGO | | TRUCKERS GENERAL LIABILTIY (GL) | | | |
|--------------------------|-----------|---------------------------------|--|---------------------|-----------|
| <input type="checkbox"/> | None | <input type="checkbox"/> | None | | |
| <input type="checkbox"/> | \$75,000 | <input type="checkbox"/> | \$1,000,000 per occurrence / \$1,000,000 Aggregate | | |
| <input type="checkbox"/> | \$100,000 | <input type="checkbox"/> | \$1,000,000 per occurrence / \$2,000,000 Aggregate | | |
| <input type="checkbox"/> | \$150,000 | <input type="checkbox"/> | \$1,000,000 per occurrence / \$3,000,000 Aggregate | | |
| <input type="checkbox"/> | \$200,000 | <input type="checkbox"/> | \$2,000,000 per occurrence / \$2,000,000 Aggregate | | |
| <input type="checkbox"/> | \$250,000 | <input type="checkbox"/> | Other: \$ | per occurrence / \$ | Aggregate |
| <input type="checkbox"/> | Other: \$ | | | | |

| TRAILER INTERCHANGE – Must have a contact for coverage, otherwise we use stated amount | | | | | |
|---|------|--------------------|--|-------|------------|
| <input type="checkbox"/> | None | Number of Trailers | | Value | Deductible |