

## ***Commercial Auto Questionnaire***

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ MC#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Years in Business: \_\_\_\_\_ Owner: \_\_\_\_\_

Safety Director: \_\_\_\_\_ # of years on job &amp; Experience: \_\_\_\_\_

Maintenance Manager: \_\_\_\_\_ # of years on job &amp; Experience: \_\_\_\_\_

Terminal Addresses	# of Power units

### ***Coverage's & Limits Requested***

	YES	NO	Limit	Deductible	Current Premium
Primary Auto Liability					
Hired Auto Liability					
Non-Owned Auto Liability					
Physical Damage					
Trailer Interchange					
Motor Truck Cargo					
General Liability					
Terminal Coverage					
Property					
Warehouseman Liability					

Quote based on mileage or revenue? \_\_\_\_\_ Date to have quote in by: \_\_\_\_\_

**Radius of Operation:**

Up to 50: % \_\_\_\_ 51-200: % \_\_\_\_ 201-500: % \_\_\_\_ Over 500: % \_\_\_\_

Average Length of Haul: (one way) \_\_\_\_\_ Maximum length of haul: \_\_\_\_\_

Major Shippers (please list all with a percent of revenue): \_\_\_\_\_

\_\_\_\_\_

Do you have any dedicated Routes, please detail: \_\_\_\_\_

\_\_\_\_\_

Please list major cites traveled to and how often: \_\_\_\_\_

\_\_\_\_\_

Commodities Hauled	% of Revenue	Average Value of Load

*Please list if there are any special limits by shipper:* \_\_\_\_\_

Please list Payroll Estimate: Clerical \_\_\_\_ Mechanics \_\_\_\_ Drivers \_\_\_\_

Tractors: How many owned: \_\_\_\_ How many Owner Operator: \_\_\_\_

Trailers: How many owned: \_\_\_\_ How many Leased: \_\_\_\_

Speed Governors (please list Max mph): \_\_\_\_ / Satellite Tracking: \_\_\_\_

Any Owned Private passenger autos to be listed? Service Trucks \_\_\_\_ cars \_\_\_\_

Total number of current Drivers: employed \_\_\_\_ Owner Operator \_\_\_\_

Do you carry Worker Comp or Occ-Acc: \_\_\_\_ / How are your drivers Paid: \_\_\_\_

Safety Meetings Details: \_\_\_\_\_

Please detail PM services performed on your trucks and those offered to Owner Operators:

\_\_\_\_\_

	next 12 months	Currently	1 year prior	2 year prior
Freight Revenue				
Mileage				
# of power units				

***Please include the following for the most accurate quote:***

- Drivers List (name, license#, DOB, Hire date, and experience)
- Equipment List (make, model, year, VIN, current value of unit if Physical damage is needed)
- IFTA's for last 4 quarters
- 5 year loss runs if available
- Copy of lease agreement with Owner operators

If available please briefly describe any special safety program and/or awards for drivers or anything that can positively impact the cost of your insurance:

---



---



---



---



---



---



---



---



---



---