



Company Name: _____

1. # Years in business: _____
2. Numer of Owners: _____
Owners Duties: _____

3. States in which you operate: _____

4. Company Contact: _____
Office Phone: _____ Cell Phone: _____
Email Address: _____ Web Site: _____

5. Estimates for Next 12 Months:
Non-Office Employee Payroll \$ _____
Office Employee Payroll \$ _____
Sub-Contractor Costs \$ _____
Total Cost of Insurance Last Year \$ _____
Gross Receipts \$ _____
1st Prior Year Gross Receipts \$ _____
2nd Prior Year Gross Receipts \$ _____
3rd Prior Year Gross Receipts \$ _____
4th Prior Year Gross Receipts \$ _____
Yes No

6. Cancels, Declines or Non-Renewals in the last 3 years? Yes No

7. Is this a Fleet policy (More than 4 motorized vehicles)? Yes No

8. Are any vehicles leased or rented to others? Yes No

9. Is your Company a sand/gravel/aggregate hauler? Yes No

10. Which of the following best describes your operations:
a. Common Carrier (hauls for general public)
b. Contract Carrier (hauls for specific customers under contract)
c. Delivers Own Product

11. Do you engage in any of the following operations?
Transport of waste material or construction debris? Yes No
Transport of construction or heavy equipment for hire? Yes No
Concrete mix-in-transit? Yes No

12. Do you haul any material other than aggregate (sand, gravel, rock), Topsoil or bark? If Yes, Please Explain :

13. Do any operations exist, other than those listed above? If Yes, Please explain:

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|-----|--|-----|----|
| 14. | Are all heavy trucks equipped with a back-up alarm? | Yes | No |
| 15. | Are all drivers of heavy vehicles at least 25 years of age? | Yes | No |
| 16. | Does your company have standards for drivers that require no more than two moving violations, and no major violations as a minimum standard? | Yes | No |
| 17. | Are 75% of the heavy power units less than 20 years old? | Yes | No |
| 18. | Does your company transport people or property for hire? | Yes | No |
| 19. | Is the primary purpose of any vehicle to transport persons, other than employees? | Yes | No |
| 20. | Does your company transport hazardous materials? | Yes | No |
| 21. | Is this a farm policy (50% or more of the vehicles on policy-are rated for farm usage)? | Yes | No |
| 22. | Do you transport flammables, chemicles, or explosives? | Yes | No |
| 23. | Are any owned or non-owned vehicles used for pizza or other fast food delivery? | Yes | No |
| 24. | Are ICC, PUC or other filings required?
If Yes, Please explain: _____ | Yes | No |
| 25. | Are vehicles used by family members? (other than those listed as employees) | Yes | No |
| 26. | With the exception of encumbrances, are any vehicles not solely owned by and registered to your company? | Yes | No |
| 27. | Are any vehicles customized, altered, or have special equipment?
If yes, Please Explain: _____ | Yes | No |
| 28. | Is there any other (non-auto) insurance being submitted? | Yes | No |

For Contract Carriers:

1. How many contracts does your company have in place? _____
2. Who are the contracts with? _____
3. What specifically do they haul? _____
4. Who and Where do they haul to? (construction sites? golf courses? etc) _____
5. Do they ever haul without a contract? Yes No
If yes, Please explain: _____

Complete or Forward copies of your current coverage and drivers information

Company Information

Actual Garaging Address: _____
 D.O.T or FHWA# _____ Radius of operation: _____
 Business Type: _____ Largest Cities Entered: _____
 Transport Property for hire? _____
 Are Filings needed? If so, Which States? : _____

Prior Insurance Information

Carrier	Years	# of Losses	Loss Detail

Driver Information

Name	Age	License #	Experience	Years Employed	Violations/Accidents in the last 3 years

Schedule of Units

Unit	Stated Amount \$	ABS	Airbags?	Seating Capacity	Radius (miles)	GVW

Commodities Hauled

Commodity	Value	Percent of Load

Coverages Requested

Liability Limit: _____ Cargo Limit: _____
 UM/UMI Limit: _____ Non-Owned: _____ Hired: _____
 Med/PIP Limit: _____ Comp/SP Perils: _____
 Deductible Desired: _____ Collision Deductible Desired: _____