

Commercial Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 137. Complete Acord 45 if Additional Insureds, Loss Payees or certificates of insurance are need. Complete Acord 126 if General Liability is requested.

Applicant Name: _____ Date Completed: _____
 Effective Date: _____ To _____ FEIN: _____
 Business Type: Individual Partnership Corporation LLC Other
 Mailing Address: _____
 (Street, City, State, Zip Code)
 Website Address: _____ Phone # (including area code): _____
 Inspection Contact: _____ Contact Phone #: _____
 USDOT/MC #: _____

Attached a list of all garaging and/or terminal locations if different from mailing.

Coverages

Primary Liability Limit \$ _____ Deductible \$ _____
 Uninsured/Underinsured Motorists Statutory Limit Other Limit \$ _____ UM PD Limit \$ _____
 Medical Payments Limit \$ _____
 Personal Injury Protection (PIP) Limit \$ _____
 Physical Damage Comp or SP Collision Deductible \$ _____
 Zurich Motor Vehicle Extension Endorsement Yes No
 Broadened Pollution Yes No
 Hired Auto Yes No Non Owned Auto Yes No # of Employees _____
 Combined Deductible Yes No
 Trailer Interchange Yes No Max Value per Trailer \$ _____ # of Days _____
 Cargo Limit \$ _____ Deductible \$ _____
 Refer Breakdown Yes No Deductible \$ _____
 General Liability Yes No

- Number of consecutive years of coverage under applicants name? _____
 If less than 2 years, describe previous experience operating a similar business. _____
- Does applicant have any subsidiary or sister companies? Yes No
 If yes, does applicant interchange any equipment with the subsidiary or sister companies? Yes No
 Name of all subsidiary or sister companies: _____
- Has applicant filed bankruptcy in the past 7 years? Yes No
- Percentage of trips of operation in the various radius categories:
 0-50 _____ % 101-200 _____ % 301-500 _____ %
 51-100 _____ % 201-300 _____ % 501-over _____ %
- Describe applicants primary operations: _____
- Does applicant operate: Fore Hire No Not for Hire Both
- Do operations include any Auto, Boat or Over Dimensional/Heavy Hauling? Yes No
- Does applicant have any tractor trailer combinations with more than one trailer? Yes No
 If yes, describe: _____
- Does applicant or any affiliated company act as a freight-broker, freight-forwarder or arrange loads for others? Yes No
- Complete for all applicable commodities (must add up to 100%) _____

Commodities being hauled? Include UN # if hazardous commodity	% of Loads	Maximum Value	Average Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

11. Historical Operating Information:

	Gross Receipts	Total Mileage	Owned # Power Units	Owner Operator # Power Units
Projected Year	\$			
Expiring Year	\$			
1 st Year Prior	\$			
2 nd Year Prior	\$			
3 rd Year Prior	\$			
4 th Year Prior	\$			

12. If owner operators are used do they:

- a. Participate in the applicants safety program? Yes No
- b. Participate in the applicants maintenance program? Yes No
- c. Sign a permanent lease making them exclusive to the applicant? Yes No
- d. Have Non Trucking coverage? Yes No

- 13. a. Does applicant provide Workers' Compensation Insurance for employees? Yes No
- b. Does applicant require or provide Occupational Accident Insurance for Owner-Operators? Yes No

- 14. Does applicant have General Liability coverage in place? Yes No
- If yes, carrier name: _____ Limit: _____

- 15. Does applicant allow non-employee passengers? Yes No

- 16. Is any special equipment permanently attached to the power units or trailers? Yes No
- If yes, describe: _____

- 17. Are all vehicles licensed for road use? Yes No If no, provide details: _____

- 18. Is there any personal use of scheduled autos? Yes No If yes, what % is personal use? _____ %

- 19. Does the applicant allow drivers to take autos home? Yes No
- If questions 18 or 19 are answered yes, are all potential drivers in the household shown on the schedule? Yes No

- 20. Applicants Safety Program is: Formal Informal N/A
- Which of the following does the applicants safety program include:

 - Written Safety Policy Written Hiring Criteria Driver Training – upon hire and recurrent
 - Accident Review Policy Driver Incentive Program Documented Driver Vehicle Inspection

- 21. Indicate which of the following applicant utilizes and provide % of fleet equipped:

 - Adaptive Cruise Control _____ % Lane Change Departure System _____ %
 - Speed Governors _____ % On-Board Video Monitoring System _____ %
 - Telematics (describe below) _____ % Other Active Safety Controls (describe below) _____ %

22. Provide currently valued (within the last 3 months) company loss runs for the current and prior three years for all lines of coverage requested. If less than 5 power units, applicant may complete the following chart instead of providing loss runs.

Policy Term From	Policy Term To	Coverage (Check all that apply)	Carrier	Liability Claim Count	Physical Damage Claim Count	Total Incurred
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$
		<input type="checkbox"/> AL <input type="checkbox"/> APD <input type="checkbox"/> MTC <input type="checkbox"/> GL				\$

Provide a list of drivers that includes name, date of birth, driver's license number, state of issuance, years experience, number of moving violations/accidents and date of hire or complete the following table.

Name	Date of Birth	License Number	State	# of Years Driving Like Equipment in US	# of Moving Violations or Accidents	Date of Hire

Provide a list of equipment that includes model year, trade name, type, VIN, GVW/GCW, insured value, radius and AI/LP or complete the following table.

Model Year	Trade Name	Type*	VIN	GVW/GCW	<input type="checkbox"/> Stated Value or <input type="checkbox"/> OCN	Radius
AI/LP:						
AI/LP:						
AI/LP:						
AI/LP:						
AI/LP:						

*U=Utility, F=Flatbed, R=Reefer, D=Dry Van, B=Belly, E=End Dump, S=Side Dump, T=Tank, BF=Baffled Tank, ST=Straight Truck, TR=Tractor, P=Private Passenger, PU=Pickup, O=Other

25. Indicate who is responsible for the following:
- Routine Service/Maintenance: Applicant/Employee Outside Mechanic
- Major Repairs: Applicant/Employee Outside Mechanic
26. Number of mechanics employed by the applicant? _____

Hazardous Material Exposure

1. Does applicant haul any hazardous materials? Yes No

If yes, complete the following:

- a. Is applicant registered to haul hazardous materials? Yes No
- b. Does applicant have a written emergency spill plan for drivers? Yes No
- c. Does applicant deliver products to rail yards, marinas or airports? Yes No
If yes, does applicant unload directly onto the trains, watercraft or aircraft? Yes No
- d. Does applicant provide all DOT hazardous materials training plus any refresher training courses? Yes No
- e. Are drivers trained to assure liquids are unloaded into the proper tank? Yes No

Hired Auto Liability – *complete only if Hired Auto Liability is requested.*

1. Does applicant subhaul, lease or hire equipment from others? Yes No

If yes, complete the following:

- a. Is the equipment permanently leased and scheduled on the policy? Yes No
- b. Does applicant ever trip lease? Yes No
- c. Annual estimated cost of hire:

Projected Year	\$		1 st Prior Year	\$	
	Current Year	\$	2 nd Prior Year	\$	
- d. Who provides the driver for leased/hired equipment? Applicant Equipment Owner*

* Attach a copy of the contract

Hired Auto Physical Damage – *Complete only if Hired Auto Physical Damage is requested.*

1. Does applicant rent or use substitute equipment? Yes No

Nonowned Auto – *Complete only if Nonowned Auto is requested.*

1. Does applicant authorize personal auto usage for business purposes? Yes No

If yes, describe: _____

2. Does applicant require proof of insurance? Yes No

What are the minimum limits

3. required? _____

Filings

1. Is all owned/operated equipment listed on the vehicle schedule? Yes No

If different from application, provide name and address under which filings should be issued: _____

3. Check all that apply: Federal State _____ Other _____

General Liability - *Complete only if General Liability is requested.*

Coverage	Limit	Coverage	Limit
General Aggregate	\$ _____	Products & Completed Operations	\$ _____
Personal & Advertising Injury	\$ _____	Each Occurrence	\$ _____
Damage to Rented Premises (each Occurrence)	\$ _____	Medical Expense (any one person)	\$ _____
Employee Benefits	\$ _____	# of employees	_____
Stop Gap Liability	\$ _____		

Location	Classification	Class Code	Exposure

- 1. Does applicant provide maintenance on any non-owned units? Yes No
- 2. Does applicant operate from a personal residence? Yes No
- 3. Is trucking the only source of revenue for the applicant? Yes No
Does the applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.?
- 4. Yes No
- 5. Does applicant own any mobile equipment or operate any mobile equipment off premises? Yes No

If yes, describe: _____

Cargo Coverage – Complete only if Cargo coverage is requested.

1. Does applicant have loaded spare trailers? Yes No If yes, number of trailers: _____
2. List security measures taken (including spare loaded trailers):
 Cameras Fence GPS Tracking System Bar Code Scanning
 Security Guards Lighting King Pin Locks Other _____
3. List applicants three primary shippers: _____
4. Does applicant have terminals? Yes No