



ZURICH®

# Dump Questionnaire

This questionnaire is to be completed in conjunction with Acord 137. 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 #: \_\_\_\_\_

Attach a list of all garaging locations if different from mailing or complete the following.

Address	City	State	Zip

## 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 \$ \_\_\_\_\_

Broadened Pollution  Yes  No

Hired Auto  Yes  No Non Owned Auto  Yes  No

Combined Deductible  Yes  No

Trailer Interchange  Yes  No

Max Value per trailer \$ \_\_\_\_\_ # of days \_\_\_\_\_

Cargo Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Reefer Breakdown  Yes  No Deductible \$ \_\_\_\_\_

Other \_\_\_\_\_ Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Other \_\_\_\_\_ Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

1. How long has current ownership been in place? \_\_\_\_\_

2. Has applicant filed bankruptcy in the past 7 years?  Yes  No

3. Percentage of trips of operation in the following radius categories:

0-50 \_\_\_\_\_% 101-200 \_\_\_\_\_% 301-500 \_\_\_\_\_%

51-100 \_\_\_\_\_% 201-300 \_\_\_\_\_% 501-Over \_\_\_\_\_%

4. Does applicant haul for hire?  Yes  No

5. Check primary operation:

Sand and Gravel (excluding Quarry)  Quarrying  Excavating  Other \_\_\_\_\_

6. Complete for all applicable commodities (must add up to 100%)

Commodities being hauled? <i>Include UN # if hazardous commodity</i>	% of Loads	*Maximum Value	*Average Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

\*Complete only if requesting Cargo coverage

7. Does the applicant allow non-employee passengers?  Yes  No

8. Does the applicant have Workers' Compensation Insurance in place?  Yes  No

If yes, current carrier name: \_\_\_\_\_

9. Does the applicant own or operate any mobile equipment?  Yes  No

If yes, describe: \_\_\_\_\_

10. Historical Operating Information:

	Gross Receipts	Total Mileage	Owned # Power Units	Owner Operator # Power Units
Current Year	\$			
1st Year Prior	\$			
2nd Year Prior	\$			
3rd Year Prior	\$			
4th Year Prior	\$			
5th Year Prior	\$			

11. Are any Additional Insureds and/or certificates of insurance required?  Yes  No

If yes, attach list or completed Acord 45 or complete below table.

AI/Cert	Name	Address	Relationship	Type
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> Both
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> Both

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

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

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

Name	Date of Birth	License Number	State	# years Driving Like Equipment	Date of Hire

14. Do all of the applicant's drivers have 2 or more years experience operating like equipment:  Yes  No

15. Does applicant have a formal safety program?  Yes  No If yes, provide details:

\_\_\_\_\_

16. Does applicant have a formal maintenance program?  Yes  No If yes, provide details:

\_\_\_\_\_

17. 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, ST=Straight Truck, TR=Tractor, P=Private Passenger, PU=Pickup, O=Other

**Hazardous Material Exposure** – Complete only if hauling materials that require placarding.

1. Attach a copy of applicant's spill plan. If applicant does not have a spill plan, please explain procedures in place in the event of a hazardous material incident: \_\_\_\_\_

\_\_\_\_\_

2. Is any part of the applicant's operation considered seasonal?  Yes  No

If yes, describe: \_\_\_\_\_

3. Does the applicant deliver products to rail yards, marinas or airports?  Yes  No

If yes, do they unload directly on to the trains, watercraft, or aircraft?  Yes  No

4. Does applicant have any subsidiary or sister companies controlled by another company which they interchange employees or equipment? \_\_\_\_\_
5. Does applicant provide all DOT hazardous material training plus any refresher training courses?  Yes  No  
If yes, describe: \_\_\_\_\_

**Filings – Complete only if filings are required.**

1. Does applicant own or operate any equipment not listed on the vehicle schedule?  Yes  No
2. Provide name and address under which filing should be issued: \_\_\_\_\_

Check all that apply:  Federal  State  Oversize/Overweight  Other \_\_\_\_\_  
ICC MC/DOT #: \_\_\_\_\_ State #: \_\_\_\_\_ Other: \_\_\_\_\_

**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, attach contract.  
If yes, provide the annual estimated cost of hire: Current year \$ \_\_\_\_\_ 2<sup>nd</sup> prior year \$ \_\_\_\_\_  
1<sup>st</sup> prior year \$ \_\_\_\_\_ 3<sup>rd</sup> prior year \$ \_\_\_\_\_  
If yes, is it:  Permanently Leased  Trip Leased
2. Is applicant named as additional insured?  Yes  No Limits required: \$ \_\_\_\_\_
3. If permanently leased, is it scheduled on this application?  Yes  No
4. If permanently leased, are autos hired with drivers?  Yes  No
5. If permanently leased, do you require non trucking coverage?  Yes  No

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

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
3. What are the minimum limits required? \_\_\_\_\_

**Cargo Coverage – Complete only if Cargo coverage is requested.**

1. Does the applicant have loaded spare trailers
2. List security measures taken (including loaded spare trailers)  
 Cameras  Fence  GPS Tracking System  Bar Code Scanning  
 Security Guards  Lighting  King Pin Locks  Other \_\_\_\_\_
3. Does applicant anticipate hauling goods or entering into a contract that would exceed the policy limit:  Yes  No  
If yes, provide details: \_\_\_\_\_
4. List applicant's three primary shippers: \_\_\_\_\_

5. Do you have terminals?  Yes  No

If yes, attach a list of terminal addresses or complete the following table.

Number	Terminal Address