



Business Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 137.

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 table.

Address	City	State	Zip

Coverages

Bodily Injury and Property Damage Limit \$ _____ Deductible \$ _____

Uninsured/Underinsured Motorists Statutory Limit Other \$ _____ UM PD Limit \$ _____

Medical Payments Limit \$ _____

Personal Injury Protection(PIP) Limit \$ _____

Physical Damage Comp or SP Collision Deductible \$ _____

Hired Auto Yes No Non Owned Auto Yes No

Cargo Limit \$ _____ Deductible \$ _____

Reefer Breakdown Yes No Deductible \$ _____

Broadened Pollution Yes No

Combined Deductible Yes No

Audio, Visual and Data Electronic Equipment (CA9960) Yes No Limit per vehicle up to \$10,000 \$ _____

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. Describe applicants primary operation: _____

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

0-50 _____% 101-200 _____% 301-500 _____%

51-100 _____% 201-300 _____% 501-over _____%

5. Do your power units operate more than one 12 hour shift per day? Yes No

If yes, please explain: _____

Example: team drivers and /or double shifts

6. Percentage of loads: Over weight _____% Over length _____% Over width _____% Over height _____%

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

* Complete only if requesting cargo coverage

8. Is General Liability coverage in place? Yes No
 If yes, provide carrier name and limits. Carrier: _____ Limit \$ _____

9. Does the applicant have Workers' Compensation Insurance in place? Yes No
 If yes, current carrier name: _____

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

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

If yes, describe: _____

12. Is any special equipment permanently attached to the power units or trailers? Yes No

If yes, describe: _____

13. Does the applicant perform snow removal? Yes No

14. Are all vehicles licensed for road use? Yes No

If no, provide details: _____

15. Is there any personal use of scheduled autos? Yes No

If yes, what % is the personal use? _____%

16. Does applicant allow drivers to take autos home? Yes No

If questions 14 or 15 are answered yes, are all potential drivers in the household shown on the schedule? Yes No

17. Historical Operating Information:

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

18. Does applicant transport hazardous materials, waste or substance which requires placarding? Yes No

If yes, complete *Environmental Transport Section*.

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

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

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

If yes, attach a list, Acord 45 or complete the following table.

Cert/AI	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

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 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				\$

23. Provide a list of drivers including 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	# of years Driving Like Equipment	Date of Hire

24. Provide a list of equipment including 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 onto 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? Yes No
If yes, describe: _____
5. Does applicant provide all DOT hazardous material training plus any refresher training courses? Yes No
If yes, describe: _____

Garbage Operations – Complete only if garbage operation.

1. Check Primary Operation
 Auto Dismantler Garbage Residential Construction Debris Removal
 Building Wrecking Operation Garbage Recycling Operation Junk Dealer
 Other (describe): _____
2. Please note that a minimum Property Damage deductible of \$500 is required on this class.
If a higher Property Damage deductible is desired, please specify: _____

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: _____

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. 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

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, provide the annual estimated cost of hire: Current year \$ _____ 2nd prior year \$ _____
1st prior year \$ _____ 3rd 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, does applicant 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

Non-Owned Auto- Complete only if Non-Owned Auto is requested.

1. Does applicant authorize personal auto use for business purposes? Yes No
If yes, describe: _____
2. Does applicant require proof of insurance? Yes No
3. What are the minimum limits required? _____