



ZURICH®

# Motor Carrier 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 table.

Address	City	State	Zip code

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

General Liability  Yes  No

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

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

- How long has current ownership been in place? \_\_\_\_\_
- 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 _____%
- 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

**5. Check Primary Operation:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agricultural – Single Trailer  | <input type="checkbox"/> Dry Van – Truckload           | <input type="checkbox"/> Mover                        |
| <input type="checkbox"/> Agricultural – Double Trailers | <input type="checkbox"/> Dry Van – Less Than Truckload | <input type="checkbox"/> Petroleum                    |
| <input type="checkbox"/> Compressed Gas                 | <input type="checkbox"/> Flatbed – Normal              | <input type="checkbox"/> Reefer – Truckload           |
| <input type="checkbox"/> Containers                     | <input type="checkbox"/> Flatbed – Specialized Hauling | <input type="checkbox"/> Reefer – Less Than Truckload |
| <input type="checkbox"/> Custom Harvester               | <input type="checkbox"/> Iron and Steel                | <input type="checkbox"/> Transporter – Auto/Boats     |
| <input type="checkbox"/> Drive Away Operations          | <input type="checkbox"/> Livestock                     | <input type="checkbox"/> Other (describe): _____      |
| <input type="checkbox"/> Dry Bulk – Hazardous           | <input type="checkbox"/> Liquid – Hazardous            | _____   |
| <input type="checkbox"/> Dry Bulk – Non-Hazardous       | <input type="checkbox"/> Liquid Non – Hazardous        | _____   |

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

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

\*Complete these columns only if Cargo coverage is requested.

**7. Historical Operating Information:**

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

**8. Does applicant act as a freight-broker, freight-forwarder or arrange loads for others?**  Yes  No

If yes, provide name applicant provides the services under: \_\_\_\_\_

**9. Percentage of loads:** Over weight \_\_\_\_\_% Over length \_\_\_\_\_% Over width \_\_\_\_\_% Over height \_\_\_\_\_%

**10. a. Does applicant provide Workers' Compensation Insurance for employees?**  Yes  No

If Yes, Carrier name: \_\_\_\_\_

**b. Does applicant require or provide Occupational Accident Insurance for Owner-Operators?**  Yes  No

If Yes, Carrier name: \_\_\_\_\_

**11. Does applicant allow non-employee passengers?**  Yes  No

**12. Does applicant own or operate any mobile equipment?**  Yes  No

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

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

If yes, attach list, complete Acord 45 or complete below Schedule of Additional Insured's table:

AI/Cert	Additional Insured's Name	Address	Relationship	Type
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> GL
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> GL
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> GL
				<input type="checkbox"/> Auto <input type="checkbox"/> Cargo <input type="checkbox"/> GL

14. 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"/> 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				\$
		<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				\$

15. 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	# of years Driving Like Equipment	Date of Hire

16. Do all of the applicant drivers have 2 or more years experience operating like equipment?  Yes  No

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

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

19. 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 applicants 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 applicants 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, described: \_\_\_\_\_
5. Does applicant provide all DOT hazardous material training plus any refresher training courses?  Yes  No  
If yes, described: \_\_\_\_\_

**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, 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

**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? \_\_\_\_\_

**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	\$ _____		

LOC	Classification	Class Code	Exposure

1. Does applicant provide maintenance on any non-owned units?  Yes  No If yes, provide details.

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2. Does applicant operate from a personal residence?  Yes  No

3. Does applicant generate revenue from any sources other than trucking?  Yes  No

Description of operations: \_\_\_\_\_

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4. What precautions are taken to assure that the proper liquid is unloaded into the proper tank?

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5. Does applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.?

Yes  No If yes, describe type, quantity and how stored: \_\_\_\_\_

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6. Does applicant have any above-ground or under-ground storage tanks?  Yes  No

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

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

1. Does the 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:

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5. Do you have terminals?  Yes  No

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

Number	Terminal Address