

### Trucker's Questionnaire

**Named Insured:** \_\_\_\_\_ **ICC/ PUC Filings Y N** Number \_\_\_\_\_

Y/N

Does the applicant handle hazardous waste?	
Does insured have loss investigation process? Does insured have safety incentives	
Are more than 10% of the applicant's drivers independent contractors?	
Does the applicant move houses or is it a moving & storage operation?	
Have any of the applicant's driver's driving records had a major violation in the past 3 years?	
Do any of the drivers have 3 or more moving violations or at fault accidents in the past 3 years?	
Do any of the applicant's drivers have a suspended or revoked license?	
Any drivers with less than 3 years experience or over age 65?	
Does the applicant haul oversized loads?	
Is the applicant involved in any manual loading or unloading?	
Are truck routes regular?	
Average age of fleet power units? Number of power units over 10 years old	
How are trucks maintained?	
Does the applicant have any warehouse facilities?	
Does the applicant perform automobile or truck towing?	
What is the average and maximum radius of operations?	
What are the primary goods hauled?	

	# Full Time	# Part Time	# Owner Operators	# of 1040 or 1099 issued	Total Receipts
# Drivers					
Total Payroll					

#### Cargo Transported (Indicate type of cargo transported)

Cargo	% Total Receipts	% Manual Loading or Unloading

#### Radius of Operations

Radius of Operations	# of Drivers	% Total
<input type="checkbox"/> Up to 100 Miles		
<input type="checkbox"/> 101 to 200 Miles		
<input type="checkbox"/> 201 to 500 Miles		
<input type="checkbox"/> Over 500 Miles		

#### Motor Vehicle - Definition of Major Violations

<input type="checkbox"/> DWI, DUI, or Blood Alcohol Content (BAC)	<input type="checkbox"/> All drug or alcohol related offenses	<input type="checkbox"/> Driving while license is suspended or revoked
<input type="checkbox"/> Negligent homicide	<input type="checkbox"/> Unlawful use of vehicle	<input type="checkbox"/> Speed contest or racing
<input type="checkbox"/> Reckless driving	<input type="checkbox"/> Leaving scene of an accident and/or hit and run	<input type="checkbox"/> Any felony violation

**I have reviewed the information presented above and all the information is current and accurate.**

Applicant	Date	Retail Agent	Date