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## **Excess Automobile Liability Questionnaire (CSIEAL2/01)**

1. Name of Account: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. FEIN/SSN: \_\_\_\_\_
4. Number of Units: \_\_\_\_\_
5. Underlying Liability Premium: \_\_\_\_\_
6. Underlying Liability Carrier: \_\_\_\_\_
7. Previous Underlying Liability Carrier: \_\_\_\_\_
8. Commodity Hauled: \_\_\_\_\_
9. Losses Last 3 Years: 2005-                      2004-                      2003-                      (Please Attach)
10. Outline of Safety Program: \_\_\_\_\_
11. Drivers Listing: Attach 1VIVR's: \_\_\_\_\_
12. How Often Are MVR's Checked? \_\_\_\_\_
13. Radius of Operations: \_\_\_\_\_
14. Description of Roads Traveled: \_\_\_\_\_
15. Describe Repeat Trips: \_\_\_\_\_
16. Locations Traveled to: \_\_\_\_\_
17. Total Revenue Annually: \$ \_\_\_\_\_
18. Target Pricing: \$ \_\_\_\_\_
19. Limits Desired: \_\_\_\_\_