



TRUCKERS COMMERCIAL GENERAL LIABILITY QUESTIONNAIRE

Applicant Name: _____

Mailing Address: _____

Terminal Address: _____

of Years in Business: _____ **If new, describe prior experience:** _____

Has Applicant been cancelled or non-renewed in the last three years? Yes/No. If Yes, details please: _____

DESCRIPTION OF OPERATIONS:

1) # of Power Units: _____

2) # of Drivers: _____

3) Types of Cargo Hauled:

Description of Cargo	Approximate Percentage of Gross Receipts

4) Gross Revenues: \$ _____

5) Approximate Gross Payroll: \$ _____

6) Any Warehouse Operations? Yes/No If Yes, Payroll: \$ _____

7) Any Freight Forwarding Operations? Yes/No If Yes, Payroll: \$ _____

8) Does the Company Manufacture, Distribute, Process or Sell Products (except Trucking for others)? Yes/No,. If Yes, details please:



9) Does the Company perform any operations away from Premises (except Trucking, Loading & Unloading for others)? Yes/No. If Yes, details please:

MISCELLANEOUS EXPOSURES

1) Does the Company sponsor any Athletic Sports or Events? Yes/No. If Yes, provide details _____

2) Are all Employees covered by Workers Compensation? Yes/No? If No, provide details _____

3) Number of Owner-Operators: _____

a) Does the company expect to hire or contract third party vehicles to perform work? Yes/No. If Yes, provide details and approximate Payroll _____

b) Are any employees reimbursed by the firm for use of personal vehicles on company business? Yes/No. If Yes, details please: _____

c) Are there any other expected circumstances where vehicles not owned or insured by the company are used on company business? Yes/No. If yes, details please: _____

4) Certificate Recipients / Additional Interests:

Name and Address	Interest	Additional Insured
		Yes/No
		Yes/No
		Yes/No

GENERAL LIABILITY CLAIMS

PRIOR CARRIER	OCCURRENCE LIMIT	POLICY TERM	LOSS INFORMATION



RATING

Payroll \$ _____ x ISO L/C Rate _____ x ILF _____ x 1.725 LCM = Prem \$ _____
Definition of Payroll = Executive Directors (State Minimum) + Payroll of Yard / Warehouse Workers & Mechanics

Additional Insured's # _____ X \$ _____ each = Prem \$ _____
Total Prem \$ _____

DEDUCTIBLE: \$ _____

LIMITS/COVERAGES

- \$2,000,000 general aggregate, included products/completed operations aggregate
- \$1,000,000 Personal & Advertising Injury Limit
- \$1,000,000 each occurrence
- \$ 50,000 Damage to premises rented to you limit
- \$ 1,000 Medical Expense limit

AUTO LIABILITY INFORMATION

POLICY # _____

INSURER _____

EFFECTIVE DATE _____

EXPIRY DATE _____

LIMIT _____

Applicant's Signature : _____

Date : _____

Witness Signature : _____

Date : _____