



TRUCKERS COMMERCIAL GENERAL LIABILITY QUESTIONNAIRE

Prohibited Classes

- Operations providing repair/service facilities
- Public/School Bus, Livery
- Rentals, Leasing or Drive-away operations
- Circus, carnival or amusement operations
- Garbage/refuse, scrap metal
- Oil Field well head maintenance
- Tow Operators/mobile home toters/crane operations/auto haulers
- Instructional/driver training operations
- Any vehicles hauling commodities that are over-weight/over-size
- Doubles and triples
- Snow-Removal operations
- Street Cleaners/Water Sprayers

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:

10) Does the Company haul any Sand, Gravel or loose materials? Yes No
 Is there any off road exposure associated with this? Yes No
 Are loose loads tarpaulined? Yes No

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
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL LIABILITY CLAIMS

PRIOR CARRIER	OCCURRENCE LIMIT	POLICY TERM	LOSS INFORMATION

RATING

Payroll \$ _____ x ISO L/C Rate _____ x ILF _____ x 1.70 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 : _____