



# Truck Insurance Questionnaire

## General Information

Applicant Name	
DBA	
Address City, State, ZIP	
DOT/MC #	
Effective date	
Years in business	
Years experience In Trucking Industry	

### COMMODITIES

Commodity	Percentage	Average value	Max value

### RADIUS – Attach last 4 quarter IFTA's

Zone	0-100	100-300	301-500	501+
Percentage				

### CURRENT LIMITS

Coverage	Limit/Deductible
Liability	\$ _____ Hired/Non-owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Injury Protection	\$ _____
UM/UIM	\$ _____

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Physical Damage Comp & Coll	Total Value: \$ Deductible: \$
Non-Owned Trlr Phy Dam/ Trailer Interchange	\$ \$ #of Trailer Days: Is there a trailer interchange agreement in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Truck Cargo	\$ Deductible:
General Liability	Payroll: \$ (total P/R for owners/dispatch/mechanics) \$ Occ/\$ Agg.
Other	\$

### HISTORICAL INFORMATION

POLICY PERIOD	# of units	Mileage	Revenue	TIV History	Historical Deductible
Projected Year					
Current Year					
1 Year Prior					
2 Year Prior					
3 Years Prior					
4 Years Prior					

No. of Owned Units	No. of Owner Operators

### Description of Operations

1. Is there a formal safety program in operation?  Yes  No

Details: \_\_\_\_\_

2. Do you adhere to a written vehicle maintenance program in operation?  Yes  No

Details: \_\_\_\_\_

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### 3. Driver hiring, training and safety

1. Which of the following is part of your driver screening / hiring process:

- EMPLOYMENT BACKGROUND CHECK       MOTOR VEHICLE RECORD REVIEW
- PRE-EMPLOYMENT SCREENING PROGRAM (PSP)

2. Minimum Age \_\_\_\_\_ Number of years Experience \_\_\_\_\_

Maximum number of violations in 12 months \_\_\_\_\_ Maximum no. of violations in 3 years \_\_\_\_\_

Maximum number of: Accidents \_\_\_\_\_ Major Violations: \_\_\_\_\_

Other required documentation:

- Last Four Quarters IFTA. Not required for intrastate operations.
- 4 year currently dated loss runs
- Vehicle list including full **vins** and **stated amount**
- Complete Drivers list including experience dates of hire

**SEND YOUR SUBMISSION TO :** [lsrfleet@lsrinc.org](mailto:lsrfleet@lsrinc.org)

**Transportation Manager**

Tracy Carroll [tracyc@lsrinc.org](mailto:tracyc@lsrinc.org)

**Senior Transportation Assistant**

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Any additional notes or comments: