

MOTOR CARRIER QUESTIONNAIRE

Applicant Information

Applicant Name: _____

Address: _____

Website: _____ Phone Number: _____

Contact Person: _____ Safety Manager: _____

SMS Pin Number (Optional) _____

Current management has controlled the business since _____ (year) and has been in the trucking business since _____ (year).

List all subsidiaries and affiliated companies. Explain what they do and if they are to be included on the policy.

Company	Type of Business	Included on Policy?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Filings

MC# _____ DOT# _____

Filings Required: State Liability (Form E) Federal Liability (BMC-91x/ MCS-90)

Filing Limit Required: \$300,000 \$750,000 \$1MILLION OTHER

Special Filings Needed: OS-32 (OH Special Permit)

Operations

Type: For-Hire Carrier Private Carrier Exempt Carrier

Range of Transport: Intrastate Interstate **If interstate, please attach last 4 quarters of Fuel Tax Reports.*

Radius of Operations (% of miles):

_____ 0-100 _____ 101-200 _____ 201-300 _____ 301-500 _____ 501+

Average Distance Traveled: _____ miles Maximum Distance Traveled: _____ miles

Do any routes require overnight stays? Yes No *If yes, percent of fleet staying overnight? _____*

Does the insured backhaul? Yes No

If yes, for whom and what commodities? _____

% of loads contracted directly with shipper: _____

% of loads obtained through broker: _____

Zone Rating Selection

**Complete this section only if the motor carrier operates over a 200 mile radius

Select metro zones with terminals (i.e. places where the carrier regularly loads or unloads) if any

- | | | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Portland |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Cleveland | | | | <input type="checkbox"/> Tulsa |

Select states with terminals (i.e. places where the carrier regularly loads or unloads) outside of metro zones

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CT | <input type="checkbox"/> IL | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> TX | <input type="checkbox"/> WV |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> ND | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WI |
| <input type="checkbox"/> AR | <input type="checkbox"/> FL | <input type="checkbox"/> IA | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> SC | <input type="checkbox"/> VT | <input type="checkbox"/> WY |
| <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> KS | <input type="checkbox"/> MA | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> SD | <input type="checkbox"/> VA | |
| <input type="checkbox"/> CO | <input type="checkbox"/> ID | <input type="checkbox"/> KY | <input type="checkbox"/> MI | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> OR | <input type="checkbox"/> TN | <input type="checkbox"/> WA | |

Historical Operating Information

	Gross Receipts	Cost of Hire	Total Mileage	# Owned Vehicles	# Owner-Operator Vehicles	# Drivers
Current Year						
1 st Year Prior						
2 nd Year Prior						
3 rd Year Prior						
4 th Year Prior						

Commodities Hauled

Commodities Being Hauled	% of Loads	Maximum Value
		\$
		\$
		\$
		\$

Top 5 shippers: _____

Are hazardous materials transported? Yes No

If yes, is a Hazmat Placard required? Yes No

General Questions

Does the insured engage in the following activities?

Yes **No**

- Operate under the permits of others (bobtail/deadhead)?
- Operate as a hotshot, courier, expeditor, or perform "last mile delivery" to businesses or residences?
- Hire owner-operators to haul for them? *If yes, please fill out Owner-Operators section under Driver Information section.*
- Act as a broker, freight forwarder, or have related entities performing these operations?
- Does the insured lease motive units (without drivers) or trailers from others?
- Long-term lease** (6 months or more) OR **Short-term lease** (less than 6 months)
Vehicles should be scheduled on the policy. *Annual cost of hire is required above.*
- Are non-employee passengers allowed?
- Haul any oversized or overweight loads?
- Do any trailer interchange or are required to provide physical damage on non-owned trailers?
If yes, please provide number of non-owned trailers _____ maximum value _____ and type of trailers being used _____
- Do any intermodal transportation?
- Do any work with hydraulic fracturing (hydrofracking)?
- Involved in any other operations (i.e., warehousing, landfill, towing, etc.)?

Vehicle Information

***Please attach an updated vehicle list including year, make, model, type, VIN, cost new, and gross vehicle weight.**

of Vehicle Types Owned:

_____ Pick-ups/Vans* _____ Truck-Tractors _____ Box Trucks _____ Service Trucks _____ PPAs
Are pick-ups and vans used for delivery purposes? Yes No

of Trailer Types Owned:

_____ Dry Van _____ Flatbed _____ Lowboy _____ Reefer _____ Dump
_____ Tanker _____ Container _____ Hopper _____ Livestock _____ Car Hauler

Are double or triple trailers pulled? Yes No Vehicles garaged or registered in other states? Yes No

Do they loan or lease trailers or motive units without drivers to others? Yes No

Who performs vehicle maintenance? Auto Shop Insured's Mechanics *Are mechanics ASE certified?* Yes No

Does the insured service vehicles for others? Yes No

Driver Information

***Please attach an updated drivers list including driver name, date of birth, license #, issuing state, date of hire, and years of commercial driving experience.**

of Employee Drivers: _____ # of Owner Operators: _____ Minimum CDL Experience Required: _____

How are drivers paid? Per Load Per Mile Per Hour Other _____

Is slip seating or team driving used? Yes No

Are drivers assigned to specific vehicles? Yes No *If yes, do they take them home at night?* Yes No

Owner-Operators (complete if using owner-operators)

On what basis are they hired? Permanent Lease Trip Lease

Do they operate under your filing? Yes No Do they keep their own Fuel Tax Reports? Yes No

Are they required to meet the same experience and driving record requirements as employees? Yes No

How are the vehicles insured? Scheduled on insured's policy Required to have separate insurance
Please submit copy of lease agreement.

Driver Hiring, Training, and Safety Information

Yes No

Is there a formal written driver hiring procedure? *Check all that apply.*

Application Interview Pre-employment Screening Program (PSP) Report

MVR reviewed Reference check Pre-hire physical

Road test Written test Pre-employment drug testing

Are drivers required to have at least 2 years of prior experience operating similar equipment?

Is there a formal driver training program? *Check all that apply.*

Length of training program _____

Familiarization with equipment Familiarization with routes

Procedures for accident reporting Training in handling commodities

Familiarization with company rules Ride along training with mentor

Is a formal written driver safety program in place? *Check all that apply.*

If yes, please provide a copy. If an informal safety program is in place, please attach a description of procedures.

Annual review of driver MVRs Periodic review of CSA scores

Accident/incident review procedure Incentives for accident-free and violation-free driving

Regular safety meetings held Progressive disciplinary program

Is fleet monitoring and driver safety technology used?

If yes, list the technologies used: _____

Is there a formal written vehicle maintenance program in place?

Are pre and post-trip inspections performed?

Are maintenance records kept on each vehicle?