

TRUCKMEN QUESTIONNAIRE

Date: _____ Insureds Name: _____ Current Exp. Date: _____
DOT# _____ MC# _____ Fed. Tax ID: _____
Business Name: _____ Inc. LLC Sole Prop Partnership
Mailing Address: _____
Physical Location: _____
Phone/Cell: _____ E-Mail _____ Fax: _____
Type of Hauling: _____ Radius: 50 mi 100-200 mi 200+
mi
If multiple operations % each _____ Trucking: _____
Years in Business: _____ Years experience _____
**If New Venture or in Business less than 3 years, please provide previous employer.
Number of Officers: _____ Partners: _____ Employees: _____
Current Insurance Company: _____ **Policy#** _____
Any Claims in the last 3 years? If Yes, Please Explain: _____

COMMERCIAL AUTO

Liability Limits: \$300,000 _____ \$500,000 _____ \$1,000,000 _____
Vehicles: Yr/Make/Model VIN # Weight Value Comp. Coll. (ded)

<u>Name</u>	<u>Drivers Lic.</u>	<u>D. O. B.</u>	<u>Tickets/Points/Accidents</u>
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Pollution Clean Up: _____ MCS90 Filing _____

GENERAL LIABILITY

Liability Limits: \$300,000 _____ \$500,000 _____ \$1,000,000 _____
Snow Plowing: _____ Driveways: _____ Parking Lots _____ Roads: _____ #Trucks _____

WORKERS COMPENSATION

Duties of Officers: _____ Payroll of Officers: _____
Dutes of Employees: _____ Payroll of Employees: _____
Prior Workers Compensation Coverage: _____ Company Name: _____

COMMERCIAL UMBRELLA:

Limits: _____

CARGO COVERAGE:

Limit per Truck: _____ Type of Cargo _____

Terry Lamb

SASCO Insurance Services, Inc.

ISU SASCO Insurance Services

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