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Motor Carrier Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 132, and a state specific form 137. Complete Acord 126 if General Liability is requested. Complete Acord 194 if a filing is requested.

Applicant Name: _____ **Date Completed:** _____

General Information

- How long has current ownership been in place?: _____
- Percentage of trips of operation in the various radius categories:
0-50 _____% 101-200 _____% 301-500 _____%
51-100 _____% 201-300 _____% 500-over _____%
- Check all cities in which the applicant makes **regular** pick ups and deliveries:
 Atlanta Cleveland Jacksonville Milwaukee Phoenix San Francisco
 Baltimore Dallas/Ft Worth Kansas City Minneapolis Philadelphia Seattle
 Boston Denver Little Rock Nashville Pittsburgh Tulsa
 Buffalo Detroit Los Angeles New Orleans Portland
 Charlotte Hartford Louisville New York City Richmond
 Chicago Houston Memphis Oklahoma City St. Louis
 Cincinnati Indianapolis Miami Omaha Salt Lake City
- Percentage breakdown of operations:
_____ % Dry van – truckload _____ % Flatbed _____ % Auto hauler
_____ % Dry van – less than truckload _____ % Flatbed – Specialty Haulers _____ % Livestock / poultry
_____ % Intermodal _____ % Tank - dry _____ % Hopper – grain / wheat
_____ % Reefer _____ % Tank - liquid _____ % Dump – end
_____ % Other (describe): _____ % Dump – belly
- Do you act as a freight-broker, freight-forwarder or arrange loads for others? Yes No
If yes, provide Brokerage/Forwarder's name: _____
- Percentage of loads: Over weight _____ % Over length _____ % Over width _____ % Over height _____ %
- Do you transport hazardous materials, waste or substance which requires placarding? Yes No
If yes, complete the *Environmental Transport Questionnaire*.
- Does the applicant have Workers' Compensation Insurance? Yes No
If yes, current carrier name: _____
- Does the applicant allow non-employee passengers? Yes No
- Is trailer interchange legal liability required: Yes No
If yes: \$ _____ Maximum value per trailer
 \$ _____ Average value per trailer
- Does applicant own or operate any mobile equipment? Yes No
If yes, describe: _____

Hired/Nonowned Auto

Complete only if Hired/Nonowned auto is requested.

Hired Auto Liability

- 1. Does applicant subhaul, lease or hire equipment from others? Yes No
 If yes, provide the annual estimated cost of hire: Current year \$ _____ 2nd prior year \$ _____
 1st prior year \$ _____ 3rd prior year \$ _____

If yes, is it: Permanently Leased Trip Leased

- 2. Is applicant named as additional insured? Yes No Limits required: \$ _____
- 3. If permanently leased, is it scheduled on this application? Yes No
- 4. If permanently leased, are autos hired with drivers? Yes No
- 5. If permanently leased, do you require non trucking coverage? Yes No

Hired Auto Physical Damage

- 1. Does applicant rent or use substitute equipment? Yes No

Nonowned Auto

- 1. Do you authorize personal auto usage for business purposes? Yes No
 If yes, describe: _____
- 2. Do you require proof of insurance? Yes No
- 3. What are the minimum limits required? _____

Broaden Pollution Endorsement

- 1. Do you require Broadened Pollution Coverage? Yes No

Combined Deductible

- 1. Is the applicant requesting a combined deductible? Yes No

General Liability

Complete only if General Liability is requested.

- 1. Describe your maintenance program: _____
- 2. Do you generate revenue from any sources other than trucking? Yes No
 Description of operations: _____
- 3. Do you want coverage for misdelivery of liquid products? Yes No
- 4. What precautions are taken to assure that the proper liquid is unloaded into the proper tank?

- 5. Does applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.?
 Yes No If yes, describe type, quantity and how stored: _____
- 6. Does applicant have any above-ground or under-ground storage tanks? Yes No
 If yes, describe: _____