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Business Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 127 and a state specific form 137. Complete Acord 194 if a filing is requested.

Applicant Name: _____ Date Completed: _____

General Information

1. Percentage of trips of operation in the following radius categories:

0-50 _____ % 101-200 _____ % 301-500 _____ %
51-100 _____ % 201-300 _____ % 500-over _____ %

2. Has applicant ever operated under another name? Yes No

If yes, what was the name and authority number of that operation? _____

3. Percentage of loads:

_____ % Over weight _____ % Over width
_____ % Over length _____ % Over height

4. Does the applicant have Workers' Compensation Insurance in place? Yes No

If yes, current carrier name: _____

5. Does the applicant allow non-employee passengers? Yes No

6. Does the applicant own / operate any mobile equipment? Yes No

If yes, describe: _____

7. Is any special equipment permanently attached to the power units or trailers? Yes No

If yes, describe: _____

8. Does the applicant perform snow removal? Yes No

9. Are all vehicles licensed for road use? Yes No

If no, provide details: _____

10. Is there any personal use of scheduled autos? Yes No

If yes, what % is the personal use? _____ %

11. Do you allow your drivers to take autos home? Yes No

If you answered yes to questions 10 or 11, are all potential drivers in the household shown on the driver schedule? Yes No

12. Number of vehicles insured:

_____ Current Year _____ 3rd Year Prior
_____ 1st Year Prior _____ 4th Year Prior
_____ 2nd Year Prior

13. Is coverage for Audio, Visual and Data Electronic Equipment requested? Yes No

If yes, what limit per vehicle is needed (up to \$10,000)? _____

14. Do you transport hazardous materials, waste or substance which requires placarding? Yes No

If yes, complete the *Environmental Transport Questionnaire*.

15. Does applicant travel to Mexico or Canada? Yes No

If yes, provide details: _____

Hired/NonOwned Auto

Complete only if Hired / Non-Owned 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

Hired Auto Physical Damage:

Does applicant rent or use substitute equipment? Yes No

Non-Owned Auto:

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

Broadened Pollution Endorsement:

Do you require Broadened Pollution Coverage? Yes No

Combined Deductible:

Is the applicant requesting a combined deductible? Yes No

General Liability:

- 1. Is General Liability coverage in place? Yes No
- 2. Do you want coverage for misdelivery of liquid products? Yes No
- 3. What precautions are taken to assure that the proper liquid is unloaded into the proper tank?

- 4. 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: _____

- 5. Does applicant have any above-ground or under-ground storage tanks? Yes No
 If yes, describe: _____

Garbage Operations:

Complete only if garbage operation.

1. Percentage of garbage / trash / refuse hauled:

_____ % Construction or debris collection container haulers

_____ % Residential

_____ % Commercial/Industrial

_____ % Regulated Medical Waste or Biohazard Waste

_____ % Salvage operations including scrap metal dealers

_____ % Scrap metal for hire

_____ % Transfer station to landfill

_____ % Other – Please specify: _____

2. Type and number of vehicles:

_____ Packer, Compactor

_____ Rollback

_____ Rolloff

_____ Other – Please specify: _____

3. Please note that a minimum liability Property Damage deductible of \$500 is required on this class.

If a higher Property Damage deductible is desired, please specify: _____