

TRUCKERS QUESTIONNAIRE

Date

Producer		Insured Name and Mailing Address:		
Code	Subcode	Website Address		Policy/Account Number
		Effective Date	Expiration Date	

YES NO

1. DRIVER INFORMATION

- Are all drivers CDL Certified?
- Are MVR checks made periodically? How often? _____
- Are random drug/alcohol tests made? How often? _____
- Average number of years of experience? _____
- Average number of years with company? _____

2. SAFETY/TRAINING PROGRAM

Describe any safety training program:

- Is there a safety incentive award program?
Describe

What action is taken against drivers for accidents or violation?

3. EQUIPMENT

Describe safety inspection program:

Who services vehicles?

Where are vehicles parked when not in use? _____

How are vehicles protected while parked? _____

- Are all vehicles equipped with operational back-up alarms?
- Is speed or mileage monitoring equipment used?
- Are double and/or triple trailers used?
Describe



YES NO

4. GENERAL INFORMATION

What screening process is used in hiring new drivers?

What is average turnover rate of drivers per year? _____

What is the basis used for driver pay?

What the usual territory of operations?

What commodities or loads does the company specialize in?

Are tarps used to protect from flying debris?

Does the insured ever haul flammable or hazardous material or substances?

Describe

Any trucks or equipment rented, leased or borrowed?

Describe

Any drivers loaned or borrowed?

Describe

Any jobs subcontracted?

Describe

Any hold harmless/indemnification agreements signed? (Attach Copies)

Describe

Has the insured/applicant generated a net profit for each of the past three years?

Describe

5. ADDITIONAL COMMENTS

Completed By

Position

Date