

Truckers Questionnaire All information is Necessary

TEL: 877-404-4704 EMAIL: INFO@CTSINS.COM

FAX TO: 608-616-4010

Business Name	Covera	Coverage Desired:			
Mailing Address	l l	Primary Auto Liability			
		I	Motor Truck Cargo		
Garaging Address:		General Liability Occupational Accident Trailer Interchange			
Contact Name:					
Contact Ph #:			Non-Trucking/Bobtail Lbl.		
Owner Name:					
Date of Birth: Address:					
Years in Business Total Yrs. Experience_					
MC# DOT#		FEIN#			
Specific Commodities Hauled	%	Max \$ V	alue		
BE SPECIFIC – PLEASE DO NOT LIST "DRY GIVE A PERCENTAGE AND N Primary Liability Amount Desired : \$350k,\$750k,\$1,000 Physical Damage Deductible Desired : \$1,000 , \$2,500 % of trips within each radius? 500+ MILE% 301-500 Primary City &/or States Traveled?	MAXIMUM VALUE FO 0,000 Motor True Cargo De % 51-300_	R EACH COMMODITY ck Cargo: \$100,00 ductible: \$,1000% 0-5	7 0 , \$250,000 , \$2,500		
Do you have Broker Authority?					
Please check filing requested:					
MCS 90 (Federal) State Filing: Liability	Cargo	UIIA	OS32		
Past 3 years of Loss Run Reports are required** Past 4 quarters of IFTAs are required**	**Not required for	a brand new com	pany		
Annual Revenue:					
LAST 12 MONTHS			<u> </u>		
PROJECT NEXT 12 MONTHS					
If company has had Authority for less than 2 years, pleas	e provide a descrip	tion of the Owner	(s) prior trucking experience		

FAX TO 608-478-0102 EMAIL: INFO@CTSINS.COM

Driver & Vehicle List

Tel. 877-404-4704		
Commercial Truck Insurance Services ,Inc.		
Your Trusted Source For Insurance Solutions		

List of Drivers

Driver Name	DOB	DL#	State	CDL Issue Date	Married Y/N

PLEASE DESCRIBE ANY MOVING VIOLATIONS IN THE LAST 36 MONTHS UNDER EACH DRIVER PLEASE ATTACH A M.V.R. FOR EACH DRIVER IF YOU HAVE IT

List of Vehicles (Tractors and Trailers)

Year	Make	VIN Number	of Vehicles (Ti Value	Annual Mileage	Туре	Reg. State	Owner