

MOTOR TRUCK CARGO SHORT FORM QUESTIONNAIRE

Insured: _____ Type of Carrier: _____
 Address: _____ Docket Number: _____

GROSS RECEIPTS IN THE PAST 3 YEARS

(yr) \$ _____
 (yr) \$ _____
 (yr) \$ _____
 Est. Next Year \$ _____

NUMBER OF VEHICLES

Owned / Leased Power Units _____
 Owned / Leased dry Trailers _____
 Owned / Leased reefer Trailer / Trucks _____
 Owned / Operators Long Term _____

Number of Drivers _____ Of which under 25 _____ And over 65 _____

Main Cargos Hauled	Percentage of Total	Average Value	Maximum Value

Approximate number of loads per truck per annum: _____

Is Reefer breakdown required? Yes No

Years in business: _____

Are vehicles left loaded and unattended? Yes No

If so, what security precautions are taken? _____

Limit required

Per truck _____
 Per loss _____
 Deductible _____
 Terminal 1 _____
 Terminal 2 _____

General Information

% of loads 0-250 miles _____
 % of loads 251-1000 miles _____
 % of loads 1001 + miles _____
 % of work subcontracted out _____
 Number of filings needed _____

5 Year claims information – Submit separate sheet if necessary

Loss Date	Deductible	What happened?	Paid / Outstanding

Current Insurer: _____ Policy Expires: _____

Is renewal being offered? Yes No Current Premium: _____

Coverage Required: Broad Form Yes No Named Perils Yes No

Date Insurance required: _____ Other relevant Information: _____