

# 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: \_\_\_\_\_