



Motor Carrier Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 132, and a state specific form 137. Complete Acord 126 if General Liability is requested. Complete Acord 194 if a filing is requested.

Applicant Name: _____ **Date Completed:** _____

General Information

1. How long has current ownership been in place?: _____

2. Percentage of trips of operation in the various radius categories:

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

3. Check all cities in which the applicant makes **regular** pick ups and deliveries:

- | | | | | | |
|-------------------------------------|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Phoenix | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Dallas/Ft Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Portland | |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> New York City | <input type="checkbox"/> Richmond | |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> St. Louis | |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Omaha | <input type="checkbox"/> Salt Lake City | |

4. Percentage breakdown of operations:

_____ % Dry van – truckload	_____ % Flatbed	_____ % Auto hauler
_____ % Dry van – less than truckload	_____ % Flatbed – Specialty Haulers	_____ % Livestock / poultry
_____ % Intermodal	_____ % Tank - dry	_____ % Hopper – grain / wheat
_____ % Reefer	_____ % Tank - liquid	_____ % Dump – end
_____ % Other (<i>describe</i>): _____		_____ % Dump – belly

5. Do you act as a freight-broker, freight-forwarder or arrange loads for others? Yes No

If yes, provide Brokerage/Forwarder's name: _____

6. Percentage of loads: Over weight _____ % Over length _____ % Over width _____ % Over height _____ %

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

If yes, complete the *Environmental Transport Questionnaire*.

8. Does the applicant have Workers' Compensation Insurance? Yes No

If yes, current carrier name: _____

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

10. Is trailer interchange legal liability required: Yes No

If yes: \$ _____ Maximum value per trailer

\$ _____ Average value per trailer

11. Does applicant own or operate any mobile equipment? Yes No

If yes, describe: _____

Hired/Nonowned Auto

Complete only if Hired/Nonowned 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
- 5. If permanently leased, do you require non trucking coverage? Yes No

Hired Auto Physical Damage

- 1. Does applicant rent or use substitute equipment? Yes No

Nonowned Auto

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

Broaden Pollution Endorsement

- 1. Do you require Broadened Pollution Coverage? Yes No

Combined Deductible

- 1. Is the applicant requesting a combined deductible? Yes No

General Liability

Complete only if General Liability is requested.

- 1. Describe your maintenance program: _____
- 2. Do you generate revenue from any sources other than trucking? Yes No
 Description of operations: _____
- 3. Do you want coverage for misdelivery of liquid products? Yes No
- 4. What precautions are taken to assure that the proper liquid is unloaded into the proper tank?

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