

TRUCKING QUESTIONNAIRE



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Date: _____

Contact Name _____ Owner _____ How did you year about us _____
Business Name _____ Phone _____
Mailing Address _____ Alternate _____ Email _____
City, State, Zip _____ Fax _____
USDOT# _____ Policy Exp _____

Policy Limits:
Auto Liability _____ Hired / Non-Owned _____
PIP _____ Cargo _____
UM/UIM _____ Physical Damage Deductible _____

Organization: Sole Proprietorship Corporation Partnership Other _____
What do you haul? _____
Are all the trucks in your name? _____ Radius _____ Travel out of state? Yes No
How long have you been in business? _____ How many years of experience? _____
Do you have any additional insureds? _____ Waiver of Subrogation _____
Who is your insurance agent? _____ Current Insurance carrier _____
What is your renewal quote? _____ Have you had any losses in the last 3 years? _____

Vehicle Schedule: (add separate schedule if necessary)

Year	Make	Type	VIN	GVW	Value
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____
6)	_____	_____	_____	_____	_____
7)	_____	_____	_____	_____	_____
8)	_____	_____	_____	_____	_____

Driver Schedule: (add separate schedule if necessary)

Name	DOB	CDL#	State	Social Security	Year Exp
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____

***Garaging Address _____
