

**ZURICH®**

Commercial Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 137. Complete Acord 45 if Additional Insureds, Loss Payees or certificates of insurance are need. Complete Acord 126 if General Liability is requested.

Applicant Name: _____ Date Completed: _____

Effective Date: _____ To _____ FEIN: _____

Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Mailing Address: _____
(Street, City, State, Zip Code)

Website Address: _____ Phone # (including area code): _____

Inspection Contact: _____ Contact Phone #: _____

USDOT/MC #: _____

Attached a list of all garaging and/or terminal locations if different from mailing.

Coverages

Primary Liability Limit \$ _____ Deductible \$ _____

Uninsured/Underinsured Motorists ☐ Statutory Limit ☐ Other Limit \$ _____ ☐ UM PD Limit \$ _____

Medical Payments Limit \$ _____

Personal Injury Protection (PIP) Limit \$ _____

Physical Damage ☐ Comp or ☐ SP ☐ Collision Deductible \$ _____

Zurich Motor Vehicle Extension Endorsement ☐ Yes ☐ No

Broadened Pollution ☐ Yes ☐ No

Hired Auto ☐ Yes ☐ No Non Owned Auto ☐ Yes ☐ No # of Employees _____

Combined Deductible ☐ Yes ☐ No

Trailer Interchange ☐ Yes ☐ No Max Value per Trailer \$ _____ # of Days _____

Cargo Limit \$ _____ Deductible \$ _____

Refer Breakdown ☐ Yes ☐ No Deductible \$ _____

General Liability ☐ Yes ☐ No

- Number of consecutive years of coverage under applicants name? _____
If less than 2 years, describe previous experience operating a similar business. _____

- Does applicant have any subsidiary or sister companies? ☐ Yes ☐ No
If yes, does applicant interchange any equipment with the subsidiary or sister companies? ☐ Yes ☐ No
Name of all subsidiary or sister companies: _____

- Has applicant filed bankruptcy in the past 7 years? ☐ Yes ☐ No

- Percentage of trips of operation in the various radius categories:

0-50	_____ %	101-200	_____ %	301-500	_____ %
51-100	_____ %	201-300	_____ %	501-over	_____ %

- Describe applicants primary operations: _____

- Does applicant operate: ☐ Fore Hire ☐ No Not for Hire ☐ Both

- Do operations include any Auto, Boat or Over Dimensional/Heavy Hauling? ☐ Yes ☐ No

- Does applicant have any tractor trailer combinations with more than one trailer? ☐ Yes ☐ No
If yes, describe: _____

- Does applicant or any affiliated company act as a freight-broker, freight-forwarder or arrange loads for others? ☐ Yes ☐ No

10. Complete for all applicable commodities (must add up to 100%)

Commodities being hauled? Include UN # if hazardous commodity	% of Loads	Maximum Value	Average Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

11. Historical Operating Information:

	Gross Receipts	Total Mileage	Owned # Power Units	Owner Operator # Power Units
Projected Year	\$			
Expiring Year	\$			
1 st Year Prior	\$			
2 nd Year Prior	\$			
3 rd Year Prior	\$			
4 th Year Prior	\$			

12. If owner operators are used do they:

- a. Participate in the applicants safety program? ☐ Yes ☐ No
- b. Participate in the applicants maintenance program? ☐ Yes ☐ No
- c. Sign a permanent lease making them exclusive to the applicant? ☐ Yes ☐ No
- d. Have Non Trucking coverage? ☐ Yes ☐ No

13. a. Does applicant provide Workers' Compensation Insurance for employees? ☐ Yes ☐ No
- b. Does applicant require or provide Occupational Accident Insurance for Owner-Operators? ☐ Yes ☐ No

14. Does applicant have General Liability coverage in place? ☐ Yes ☐ No

If yes, carrier name: _____ Limit: _____

15. Does applicant allow non-employee passengers? ☐ Yes ☐ No

16. Is any special equipment permanently attached to the power units or trailers? ☐ Yes ☐ No

If yes, describe: _____

17. Are all vehicles licensed for road use? ☐ Yes ☐ No If no, provide details: _____

18. Is there any personal use of scheduled autos? ☐ Yes ☐ No If yes, what % is personal use? _____ %

19. Does the applicant allow drivers to take autos home? ☐ Yes ☐ No

If questions 18 or 19 are answered yes, are all potential drivers in the household shown on the schedule? ☐ Yes ☐ No

20. Applicants Safety Program is: ☐ Formal ☐ Informal ☐ N/A

Which of the following does the applicants safety program include:

- ☐ Written Safety Policy ☐ Written Hiring Criteria ☐ Driver Training – upon hire and recurrent
- ☐ Accident Review Policy ☐ Driver Incentive Program ☐ Documented Driver Vehicle Inspection

21. Indicate which of the following applicant utilizes and provide % of fleet equipped:

- ☐ Adaptive Cruise Control _____ % ☐ Lane Change Departure System _____ %
- ☐ Speed Governors _____ % ☐ On-Board Video Monitoring System _____ %
- ☐ Telematics (describe below) _____ % ☐ Other Active Safety Controls (describe below) _____ %

Provide currently valued (within the last 3 months) company loss runs for the current and prior three years for all lines of coverage requested. If less than 5 power units, applicant may complete the following chart instead of providing loss runs.

Policy Term From To	Coverage (Check all that apply)	Carrier	Liability Claim Count	Physical Damage Claim Count	Total Incurred
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$
	☐ AL ☐ APD ☐ MTC ☐ GL				\$

Provide a list of drivers that includes name, date of birth, driver's license number, state of issuance, years experience, number of moving violations/accidents and date of hire or complete the following table.

Name	Date of Birth	License Number	State	# of Years Driving Like Equipment in US	# of Moving Violations or Accidents	Date of Hire

Provide a list of equipment that includes model year, trade name, type, VIN, GVW/GCW, insured value, radius and AI/LP or complete the following table.

Model Year	Trade Name	Type*	VIN	GVW/ GCW	☐ Stated Value or ☐ OCN	Radius
AI/LP:						
AI/LP:						
AI/LP:						
AI/LP:						
AI/LP:						

*U=Utility, F=Flatbed, R=Reefer, D=Dry Van, B=Belly, E=End Dump, S=Side Dump, T=Tank, BF=Baffled Tank, ST=Straight Truck, TR=Tractor, P=Private Passenger, PU=Pickup, O=Other

25. Indicate who is responsible for the following:

Routine Service/Maintenance:

☐

Applicant/Employee

☐

Outside Mechanic

Major Repairs:

☐

Applicant/Employee

☐

Outside Mechanic

26. Number of mechanics employed by the applicant? _____

Hazardous Material Exposure

- | | | |
|----|--|--|
| 1. | Does applicant haul any hazardous materials? | ☐ Yes ☐ No |
| | If yes, complete the following: | |
| a. | Is applicant registered to haul hazardous materials? | ☐ Yes ☐ No |
| b. | Does applicant have a written emergency spill plan for drivers? | ☐ Yes ☐ No |
| c. | Does applicant deliver products to rail yards, marinas or airports? | ☐ Yes ☐ No |
| | If yes, does applicant unload directly onto the trains, watercraft or aircraft? | ☐ Yes ☐ No |
| d. | Does applicant provide all DOT hazardous materials training plus any refresher training courses? | ☐ Yes ☐ No |
| e. | Are drivers trained to assure liquids are unloaded into the proper tank? | ☐ Yes ☐ No |

Hired Auto Liability – *complete only if Hired Auto Liability is requested.*

1. Does applicant subhaul, lease or hire equipment from others? ☐ Yes ☐ No
 If yes, complete the following:
 - a. Is the equipment permanently leased and scheduled on the policy? ☐ Yes ☐ No
 - b. Does applicant ever trip lease? ☐ Yes ☐ No
 - c. Annual estimated cost of hire:

Projected Year	\$ _____	1 st Prior Year	\$ _____
Current Year	\$ _____	2 nd Prior Year	\$ _____
 - d. Who provides the driver for leased/hired equipment? ☐ Applicant ☐ Equipment Owner*

* Attach a copy of the contract

Hired Auto Physical Damage – *Complete only if Hired Auto Physical Damage is requested.*

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

Nonowned Auto – *Complete only if Nonowned Auto is requested.*

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

Filings

1. Is all owned/operated equipment listed on the vehicle schedule? ☐ Yes ☐ No
2. If different from application, provide name and address under which filings should be issued:

3. Check all that apply: ☐ Federal ☐ State ☐ Other

General Liability - Complete only if General Liability is requested.

Coverage	Limit	Coverage	Limit
General Aggregate	\$	Products & Completed Operations	\$
Personal & Advertising Injury	\$	Each Occurrence	\$
Damage to Rented Premises (each Occurrence)	\$	Medical Expense (any one person)	\$
Employee Benefits	\$	# of employees	
Stop Gap Liability	\$		

Location	Classification	Class Code	Exposure

1. Does applicant provide maintenance on any non-owned units? ☐ Yes ☐ No
2. Does applicant operate from a personal residence? ☐ Yes ☐ No
3. Is trucking the only source of revenue for the applicant? ☐ Yes ☐ No

4. Does the applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.? ☐ Yes ☐ No
5. Does applicant own any mobile equipment or operate any mobile equipment off premises? ☐ Yes ☐ No
If yes, describe: _____

Cargo Coverage – Complete only if Cargo coverage is requested.

1. Does applicant have loaded spare trailers? ☐ Yes ☐ No If yes, number of trailers: _____
2. List security measures taken (including spare loaded trailers):
☐ Cameras ☐ Fence ☐ GPS Tracking System ☐ Bar Code Scanning
☐ Security Guards ☐ Lighting ☐ King Pin Locks ☐ Other _____
3. List applicants three primary shippers: _____
4. Does applicant have terminals? ☐ Yes ☐ No