

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Commercial Auto

Bridenstine and Associates Fax 612-395-5233

Federal Tax ID # or Social Security # _____

Name of Business _____

State unemployment ID # _____

Type of Business _____

Years Experience _____ # of Owners _____

Contact Name _____

LICENSE HOLDER: OWNER OFFICER EMPLOYEE OTHER:

Contact Daytime Phone _____

CONTRACTORS LICENSE NUMBER _____ Corporation Individual Partnership

Contact Evening Phone _____

EMPLOYEES FULL TIME PART TIME % OF WORK RESIDENTIAL COMMERCIAL % OF WORK NEW CONST REMODEL

Year Business Started _____ No

MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS Occurrence

Aggregate

Mailing Address _____

Premises Address _____

11. Do you operate in more than one state? Yes No If yes, what states? _____

12. Show largest cities entered: _____ Do you haul for hire? Yes No

13. Do you operate over a regular route? _____ if SO, show towns operated between- _____

14. Are you a common carrier? _____ Contract hauler? _____ if yes, for whom? _____

15. List all kinds and types of cargo hauled: _____

16. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? _____ If YES, what type(s) materials is being hauled? (give complete listings, naming material(s) and/or chemical content, _____

17. Do you haul your own cargo exclusively? _____ If not, who owns it? _____

18. Do you pull double trailers? Yes No. Triple trailers? Yes No

19. Do you rent or lease your vehicles to others? _____ If yes, attach COPY of rental or lease agreement form used.

20. Do you hire any vehicles? Yes No If yes and hired and non-owned coverage is desired, complete M-4055 and submitted Company.

INSURANCE NEEDS -- Complete for desired coverages by indicating limits of insurance

Combined Limit BI & I,	LIABILITY			medical Payments	Personal Injury Protection
	Split Limits				
	Bodily Injury		Property Damage		
	Each Person	Each Accident	Each Accident		

9. Have you ever filed under Chapter 11 or Bankruptcy? Yes No

New Venture? Yes No

Seasonal? Yes No

LOSS EXPERIENCE -- Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	Policy Number	# of motor. Powered Vehicles	# of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To					Liab	PhysDam	Bi	PD	collision	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										

22. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No if yes, date and why _____

DRIVER INFORMATION -- If additional space is needed attach separate listing

Driver's Name		Date of Birth	Driver's Licenses		Type of License)	Date of Employment	Years Licensed
			State	Number	(CDL eff 4/92 ; other)		
No. Years Previous Commercial Driving Experience	Number of Accidents and Moving Traffic Violations in Past 5 Years			(A) Convictions for DWUDUI, Hit & Run Manslaughter, Reckless, Driving While Suspended/Revoked, Speed Contest or any other felony (B) Date	Co. Emp. ; Ind. Cont. ; Owner/Oper Franchisee	Married (Y or N)	
	Number of Accidents	Number of Violations	Date of Accident/viol.				

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

24. Are drivers covered by Workers Compensation? Yes, No If yes. name of carrier _____
25. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No
- 26- Are drivers ever allowed to take vehicles home at night? Yes No If Yes, will family Members drive? Yes No
27. What is the basis for driver(s) pay? Hourly _____ Trip _____ Mileage _____ Other. Explain _____
28. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily, _____ weekly
29. Do you agree to report **all** newly hired operators? Yes No

SCHEDULE OF AUTO/VEHICLES -- If additional space is needed attach separate listing

No.	Model Year	Trade Name	Body Type (Truc, TraCtor, Trailer, Semi-Trailer, Other - Describe)	VIN or Serial # (last 6 digits for all states except AZ & LA)	Mfg. GVW* or Mfg. GCW	Total # of rear axles	Town & state Where Principall Garagej	If Lessor Addeclas Additional Insured Show Name of L05sor for Each Vehicle	Radius of Operation (Miles)	Estimated Annual Mileage Per Vehicle	Anti-Lock Brakes (A), Air gags (8) or Anti-Theft Devices (Q)	Use" (R) Reta H (C) Comm (R) Bus. Us PP
1												
2												
3												
4												
5												
6												
7												
6												
9												
10												

*Gross Vehicle weight (GVW) Or Gross combined Weight (GCW) of vehicle and load.

- *Vehicle Use! S) Service- Transportation of Personnel. **Tools**, and Q Commercial -All other. R) **Retail**- House to house delivery. Equipment and usually parked at job site. O) Private Passenger Vehicles Used in business,

- 30 Number Of vehicles owned, Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____
31. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ SeMi-Trailers _____ Trailers _____ Dollies _____

PHYSICAL DAMAGE COVERAGES -- If additional space is needed attach separate listing

Vehicle No.	Date Purchased Mo./Yr.	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached special Equipment	Specified Causes of Loss		Collision	
					Amount of Insurance	Deductible	Amount of insurance ACV or SA	Deductible
1								
2								
9								
4								
5								
6								
7								
8								
9								
10								

32. Any loss payees? yes No If YES, give name and address of mortgagee/loss payee _____

FILING INFORMATION

- Broker
33. Do you have an Interstate Commerce Commission permit? YES NO If yes, docket number _____ Common Coni
- 34- If you hold a Brokers license, name filed with JCC, ICC docket no. and receipts from brokerage operations _____
-
35. If you are an interstate regulated carrier, identify your Registration or Base State _____ Is an ICC filing required? Yes No.
36. Is an intrastate filing needed? Yes No If Yes, show state and permit number _____
37. Show exact name and address in which Permits are issued _____
38. Are commodities hauled oversize or overweight? Yes; NO Are Oversize/overweight filings needed? Yes No
If yes, show states _____
- 39- Are escort vehicles towed on return trips? Yes NO Is MCS 90 endorsement needed? Yes No
40. Is Our Policy to cover all vehicles owned, operated or under lease to applicant? yes No
- 41- Does your authority allow for transportation of hazardous commodities? yes No
- 42- Do you "allow" others to haul hazardous commodities under Your authority? Yes No
43. Have you ever Changed your Operating name? yes No

44- Do you appoint agents to operate on your behalf? Yes No Do you operate as a subsidiary Of another company? Yes No

45- Do you operate under any other name? Yes No DO You lease your authority? Yes No

46- Have you Purchased, sold or applied for authority over the past 3 years? yes No

47. Have you ever lost or had authority withdrawn, or have you been/M under Probation by any regulatory authority (icc, puC, etc) Yes No

48. Is evidence/certificate(s) of coverage required? Yes No
49. if the answer is yes to any of the above boxed Questions, explain _____
50. Do you have agreements With other Carriers for the interchange Of equipment or transportation of loads Yes No
If Yes, attach B COPY of current agreements and complete the following..
- (a) With whom has such agreement(s) been made? _____
- (b) Do the Parties named in (a) carry automobile liability insurance? Yes No
If yes, name of insurance company and limits of liability (Bodily injury & Property Damage) _____
- W Under whose Permit does each of the Parties to the agreement(s) operate? _____
- (d) Is there a hold harmless in the agreement(s)? Yes No
51. Do YOU barter, hire or lease any vehicles? Yes No If yes, explain _____

V. CARGO DESCRIPTION.-

Cargo	%of hauling	Max. Value	Cargo	%of hauling	Max. Value	Cargo	%of hauling	Max. Value
Alcoholic Liquor	%		Fertilizer	%		Mobile Homes (Single), Modular	%	
Autos (Transporter)	%		Frozen Goods & ced	%		Mobile Homes (Double)'	%	
Autos (Towing Operator)	%		Furniture	%		Poultry (Live or Icecl)	%	
Beer/Wine	%		Gas, Oil	%		Produce, Fruit	%	
Building Materials (Excluding lumber)	%		Grains & Cereal	%		Seafood, Shrimp	%	
Canned/Dry (Non-Perishable)	%		Livestock	%		Steel, Steel Products	%	
Chemicals-Bagged or Bulk?	%		Luggage	%		Textiles (Raw)'	%	
Clothing	%		Lumber, Paneling	%		Tires	%	
Cotton (Bales)	%		Machinery (Type ?)	%		Tobacco Products	%	
Eggs in shells	%		Meat (Pkgd 7)	%			%	
Electronics (Type ?)	%		Milk	%			%	

Will premium be financed? Yes No If Yes, with whom _____