



## EXCESS AUTO QUESTIONNAIRE

Name of Insured: \_\_\_\_\_

Location: \_\_\_\_\_

1. Description of Operation: \_\_\_\_\_

2. Limits Needed: \_\_\_\_\_

3. Payroll: \_\_\_\_\_ Gross Receipts: \_\_\_\_\_

4. Automobile Exposure & Radius:

Radius	PPT	Light	Medium	Heavy	Dump	Tractor	Trailer
50 or less							
50-250							
250-500							
Over 500							

5. Underlying Insurance:

Coverage	Carrier	Limits	Policy Period	Premium
Owned Autos		\$		\$
Hired/Non Owned		\$		\$

6. Loss Experience:

Policy Period	# of Claims	Payment	Reserve
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Any losses in excess of \$10,000?  NO  YES

If "Yes", please provide details: \_\_\_\_\_

7. What Commodities does the applicant haul? \_\_\_\_\_

8. Please provide details on hazardous commodities hauled: \_\_\_\_\_

A) Details on storage: \_\_\_\_\_

B) Details on packaging: \_\_\_\_\_

9. Does the applicant have a safety program in effect?  NO  YES  
 A) Is program  Formal or  Informal?  
 B) Is there a safety director?  NO  YES  
 C) How often are meeting held? \_\_\_\_\_
10. Is there any drive incentives or safety awards?  NO  YES  
 A) For accident free miles?  NO  YES  
 B) For violation free miles?  NO  YES
11. Are MVR's checked prior to hiring drivers?  NO  YES  
 How often after hire? \_\_\_\_\_
12. Minimum age of drivers: \_\_\_\_\_ Maximum age of drivers: \_\_\_\_\_
13. Does the applicant have a vehicle maintenance program in effect?  NO  YES  
 How often is maintenance performed? \_\_\_\_\_
14. Through what major cities does the applicant travel? \_\_\_\_\_
15. Are owner/operators used?  NO  YES  
 A) How many? \_\_\_\_\_  
 B) Must they follow the same guidelines as regular drivers?  NO  YES  
 C) Must they follow the applicant's maintenance program?  NO  YES  
 D) Are owner/operated units included in the totals above?  NO  YES

\*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\*Not applicable in all states

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_