



Commercial Truck Insurance Services ,Inc.

WWW.CTSINS.COM

Truckers Questionnaire

All information is Necessary

TEL: 877-404-4704
EMAIL: INFO@CTSINS.COM
FAX TO: 608-616-4010

Business Name _____

Mailing Address _____

Garaging Address: _____

Contact Name: _____

Contact Ph #: _____ Email: _____

Owner Name: _____

Date of Birth: _____ Address: _____

Years in Business _____ Total Yrs. Experience _____

MC# _____ DOT# _____ FEIN# _____

Coverage Desired:

- ____ Primary Auto Liability
- ____ Motor Truck Cargo
- ____ Physical Damage
- ____ General Liability
- ____ Occupational Accident
- ____ Trailer Interchange
- ____ Non-Trucking/Bobtail Lbl.

Specific Commodities Hauled	%	Max \$ Value

BE SPECIFIC - PLEASE DO NOT LIST "DRY" OR "GENERAL FREIGHT" OR "FREIGHT OF ALL KINDS"
GIVE A PERCENTAGE AND MAXIMUM VALUE FOR EACH COMMODITY

Primary Liability Amount Desired : \$350k,\$750k,\$1,000,000 Motor Truck Cargo: \$100,000 , \$250,000

Physical Damage Deductible Desired : \$1,000 , \$2,500 Cargo Deductible: \$,1000 , \$2,500

% of trips within each radius?

500+ MILE _____ % 301-500 _____ % 51-300 _____ % 0-50 _____ %

Primary City &/or States Traveled? _____

Do you have Broker Authority? _____

Please check filing requested:

MCS 90 (Federal) _____ State Filing: Liability _____ Cargo _____ UIIA _____ OS32 _____

Past 3 years of Loss Run Reports are required**

**Not required for a brand new company

Past 4 quarters of IFTAs are required**

Annual Revenue:

LAST 12 MONTHS _____

PROJECT NEXT 12 MONTHS _____

If company has had Authority for less than 2 years, please provide a description of the Owner(s) prior trucking experience:

