



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 #: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

