



TRUCKING INDUSTRY QUESTIONNAIRE

NAMED INSURED:

QUOTE/POLICY#

STREET ADDRESS:

CITY: ZIP CODE:

1. TYPE OF AUTHORITY:

- a) Common Carrier, Contract Carrier, Private, Brokerage, Exempt
b) Regular Route, Irregular Route

2. CARRIER OPERATIONS: Texas Only INTERSTATE

- Length of Haul with Total % = 100%: Under 50 Miles, 50-200 Miles, 201-300, 301-500, 501-1000, Over 1,000

3. FILINGS: DOT # or NOT APPLICABLE

4. PLEASE CHECK THE QUESTIONS AND ATTACH THE APPLICABLE DATA:

- Motor Carrier Identification Report, MCS-150
International Fuel Tax Agreement-Recent Quarter and Most Recent Annual Report-Form Gas 1276-IFTA
Data from the web site of Safer Information: www.saferys.org

5. CARGO CLASSIFICATION See attached MCS-150 or See below-Circle all that apply

- A. General Freight, B. Household Goods, C. Metal Sheets, Coils, Rolls, D. Motor Vehicles, E. Driveaway/Towaway, F. Lumber, G. Building Materials, H. Mobile Homes, I. Machinery, Large Objects, J. Fresh Produce, K. Liquids/Gases, L. Intermodal Containers, M. Passengers, N. Oilfield Equipment, O. Livestock, P. Grain, Feed, Hay, Q. Coal, Coke, R. Meat, S. Garbage, Refuse, Trash, T. U.S. Mail, U. Chemicals, V. Commodities Dry Bulk, W. Refrigerated Food, X. Beverages, Y. Paper Products, Z. Other (Specify)

6. DRIVERS:

- a) Number of company drivers b) Number of Owner/Operators used

Use of the DWC-82 Motor Carrier & Owner/Operators Affirmation:

- Percentage where the Motor Carrier will provide workers' compensation for the Owner/Operators
Percentage where the Motor Carrier will agree with the Owner/Operator that the Owner/Operator assumes the responsibilities of an employer for the performance of work

c) If Owner/Operators used, please attached copy of Contract: Attached Not Applicable

d) Number of company drivers with Motor Carrier at least 12 months

Number of Owner/Operators with Motor Carrier at least 12 months: or NA

e) Number of Non-Union Union

f) Do the drivers load and unload their trucks? NO YES-if yes please provide details of type materials loaded/unloaded and any equipment used:

Agency Name:

Signed By

Date