Acct #:_____ Policy Number: _____ Expiration Date: _____

Applicant Name: _____

LONG-HAUL TRUCKING SUPPLEMENTAL QUESTIONNAIRE

1. Provide the following information for the top 3 carriers used for long-haul trucking coverage.

Carrier	Direct Access?	Premium Volume	Years Represented	Binding Authority?
	☐ Yes ☐ No	$		☐ Yes ☐ No
	☐ Yes ☐ No	$		☐ Yes ☐ No
	☐ Yes ☐ No	$		☐ Yes ☐ No

If "No" to Direct Access? above, please complete the following for the top 3 brokers used.

Broker/Agency	Premium Volume	Carrier	Years of Long-Haul Trucking Experience
	$		
	$		
	$		

2. What percentage of trucking clients have a driving radius:
   Less than 200 miles? _____% Greater than 200 miles? _____%
3. What goods are the agency's clients hauling? _____
4. What percentage of coverage placed is non-trucking liability (bobtail coverage)? _____%
5. Does the agency use coverage checklists when placing long-haul trucking coverage? ☐ Yes ☐ No
6. Does the agency have procedures for documenting a client's rejection of coverage? ☐ Yes ☐ No
7. Does the agency accept brokered long-haul trucking business? ☐ Yes ☐ No
8. What percentage of growth in long-haul trucking premium volume is expected? _____%
9. List agency staff handling long-haul trucking accounts and their experience.

Name	Years of Long-Haul Trucking Experience*	Position in Agency
	☐ 0-5 ☐ 5-10 ☐ 10+	☐ Owner ☐ Producer ☐ CSR/Support
	☐ 0-5 ☐ 5-10 ☐ 10+	☐ Owner ☐ Producer ☐ CSR/Support
	☐ 0-5 ☐ 5-10 ☐ 10+	☐ Owner ☐ Producer ☐ CSR/Support
	☐ 0-5 ☐ 5-10 ☐ 10+	☐ Owner ☐ Producer ☐ CSR/Support

*If an individual's experience is less than 5 years, please describe any training or education such individual has undergone related to long-haul trucking coverage. _____

_____

Applicant's Signature: _____
(Must be an active owner, partner, president or chairman.)

Title: _____ Date: _____