



Mileage & Revenues						
Year	Trucking Revenue	Brokerage Revenue	Total Miles	# of Co. Power Units	# of Owner / Operator Units	Service / Private Pass / Pilot Cars
Projection (next 12 mos.)						
Current Policy Year						
1st Prior Year						
2nd Prior Year						
3rd Prior Year						
4th Prior Year						

Please list the % of loads that are oversize / overweight: \_\_\_\_\_ % Use escort vehicles?  Yes  No Provider: \_\_\_\_\_

What is the average length of a haul? \_\_\_\_\_ What is the maximum length of a haul? \_\_\_\_\_

Do you haul any electronic goods, cigarettes, alcohol, tires, seafood, or any other high value cargo?  Yes  No

If yes, list other high value cargo: \_\_\_\_\_

Indicate, as a % of total operations, how much your organization participates in each operation type listed below:

Regular Route: \_\_\_\_\_ % Irregular Route \_\_\_\_\_ % Just-In-Time \_\_\_\_\_ % Hot-Shot \_\_\_\_\_ %

**Maintenance**

Describe your tire replacement policy: \_\_\_\_\_

Describe if and when retreads are used: \_\_\_\_\_

If you do not have your own maintenance/repair facility, please describe the maintenance program for owned and owner/operator equipment: \_\_\_\_\_

**Safety**

What safety technology devices are you using?

Accident Event Recorders \_\_\_\_\_ % of fleet  Electronic Logs \_\_\_\_\_ % of fleet

Electronic On-Board Recorders \_\_\_\_\_ % of fleet  Anti-Rollover Devices \_\_\_\_\_ % of fleet

Other \_\_\_\_\_

**Operations**

Total # of Trailers: \_\_\_\_\_ Please provide breakdown by type, below.

Type	# of Units	Type	# of Units	Type	# of Units	Type	# of Units
Customized		Flatbed		Low Boy		Tanker	
Dry Van		Container		Goose Neck		Dry Bulk	
Dump		Auto Hauler		Landoll		Other	

Operations supervision includes the use of:  Recording Devices  Radio Dispatch

Cell Phones  Satellite Communication

Do you use driver teams?  Yes  No If yes, how many? \_\_\_\_\_

Do you haul doubles?  Yes  No Do you haul triples?  Yes  No If yes, how often? \_\_\_\_\_

Hired auto costs - (not long-term lease) - Projected Year: \_\_\_\_\_ Current Year \_\_\_\_\_

**Brokerage**

Do you, for compensation, arrange for the transportation of property by other motor carriers?  Yes  No

Are current certificates on file for all brokered loads?  Yes  No

Do you have brokerage authority?  Yes  No Under the same name?  Yes  No

% of brokerage under the same name? \_\_\_\_\_ %

Do you broker both exempt & non-exempt loads?  Yes  No

Do you rent or lease to others?  Yes  No Do you rent or lease with drivers?  Yes  No

Non-driver payroll amount: \_\_\_\_\_

To whom do you rent or lease? \_\_\_\_\_

Do you rent/lease for long terms?  Yes  No Do you rent/lease for trips?  Yes  No

Describe controls on brokered loads:

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

**If Owner/Operators are used:**

Are permanent/exclusive lease agreements used?  Yes  No

Are trip lease agreements used?  Yes  No Are drivers subject to insured's hiring standards?  Yes  No

Is equipment inspected by the insured?  Yes  No Are driver files maintained by the insured?  Yes  No

Is owner/operator equipment subject to the same maintenance program as owned equipment?  Yes  No

Do you include the owner/operator's mileage in your IFTA reporting?  Yes  No

Are all owner/operators required to carry at least \$500,000 non-trucking liability (bobtail)?  Yes  No

Are certificates on file?  Yes  No

Is the insured listed as an additional insured?  Yes  No

Explain controls on owner/operator non-trucking liability: \_\_\_\_\_

\_\_\_\_\_

