



# ESSEX INSURANCE COMPANY

Submit to:  
 National Advantage  
 Insurance Services, Inc.  
 PO box 1065, Tustin, CA 92780  
 Tel:714-505-1015 Fax:714-505-1025

## TRUCKERS COMMERCIAL GENERAL LIABILITY QUESTIONNAIRE

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TERMINAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

# of Years in Business: \_\_\_\_\_ If new, describe prior experience: \_\_\_\_\_

Has Applicant been cancelled or non-renewed in the last three years? Yes/No. If Yes, details please:

\_\_\_\_\_

### DESCRIPTION OF OPERATIONS:

1) # of Power Units: \_\_\_\_\_

2) # of Drivers: \_\_\_\_\_

3) Types of Cargo Hauled:

Description of Cargo	Approximate Percentage of Gross Receipts

4) Gross Revenues: \$ \_\_\_\_\_

5) Approximate Gross Payroll: \$ \_\_\_\_\_

6) Any Warehouse Operations? Yes/No If Yes, Payroll: \$ \_\_\_\_\_

7) Any Freight Forwarding Operations? Yes/No If Yes, Payroll: \$ \_\_\_\_\_

8) Does the Company Manufacture Distribute, Process or Sell Products (except Trucking for others)?  
Yes/No. If yes, details please:

\_\_\_\_\_

9) Does the Company perform any operations away from Premises (except Trucking, Loading & Unloading for others)? Yes/No. If Yes, details please:

\_\_\_\_\_

**MISCELLANEOUS EXPOSURES**

- 1) Does the Company sponsor any Athletic Sports or Events? Yes/No. If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_
- 2) Are all Employees covered by Workers Compensation? Yes/No. If No, provide details: \_\_\_\_\_  
\_\_\_\_\_
- 3) Number of Owner-Operators: \_\_\_\_\_
- a) Does the company expect to hire or contract third party vehicles to perform work? Yes/No. If Yes, provide details and approximate Payroll: \_\_\_\_\_
- b) Are any employees reimbursed by the firm for use of personal vehicles on company business? Yes/No. If Yes, details please: \_\_\_\_\_
- c) Are there any other expected circumstances where vehicles not owned or insured by the company are used on company business? Yes/No. If Yes, details please: \_\_\_\_\_  
\_\_\_\_\_
- 4) Certificate Recipients / Additional Interests:

Name and Address	Interest	Additional Insured
		Yes/No
		Yes/No
		Yes/No

**GENERAL LIABILITY CLAIMS**

PRIOR CARRIER	OCCURRENCE LIMIT	POLICY TERM	LOSS INFORMATION

**AUTO LIABILITY INFORMATION**

POLICY # \_\_\_\_\_

INSURER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

LIMIT \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Witness Signature : \_\_\_\_\_

Date : \_\_\_\_\_