



ZURICH®

# Business Auto Questionnaire

This questionnaire is to be completed in conjunction with Acord 125, 127 and a state specific form 137. Complete Acord 194 if a filing is requested.

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## General Information

1. Percentage of trips of operation in the following radius categories:

|                |                 |                  |
|----------------|-----------------|------------------|
| 0-50 _____ %   | 101-200 _____ % | 301-500 _____ %  |
| 51-100 _____ % | 201-300 _____ % | 500-over _____ % |

2. Has applicant ever operated under another name?  Yes  No

If yes, what was the name and authority number of that operation? \_\_\_\_\_

3. Percentage of loads:

|                     |                     |
|---------------------|---------------------|
| _____ % Over weight | _____ % Over width  |
| _____ % Over length | _____ % Over height |

4. Does the applicant have Workers' Compensation Insurance in place?  Yes  No

If yes, current carrier name: \_\_\_\_\_

5. Does the applicant allow non-employee passengers?  Yes  No

6. Does the applicant own / operate any mobile equipment?  Yes  No

If yes, describe: \_\_\_\_\_

7. Is any special equipment permanently attached to the power units or trailers?  Yes  No

If yes, describe: \_\_\_\_\_

8. Does the applicant perform snow removal?  Yes  No

9. Are all vehicles licensed for road use?  Yes  No

If no, provide details: \_\_\_\_\_

10. Is there any personal use of scheduled autos?  Yes  No

If yes, what % is the personal use? \_\_\_\_\_ %

11. Do you allow your drivers to take autos home?  Yes  No

If you answered yes to questions 10 or 11, are all potential drivers in the household shown on the driver schedule?  Yes  No

12. Number of vehicles insured:

|                                  |                                  |
|----------------------------------|----------------------------------|
| _____ Current Year               | _____ 3 <sup>rd</sup> Year Prior |
| _____ 1 <sup>st</sup> Year Prior | _____ 4 <sup>th</sup> Year Prior |
| _____ 2 <sup>nd</sup> Year Prior |                                  |

13. Is coverage for Audio, Visual and Data Electronic Equipment requested?  Yes  No

If yes, what limit per vehicle is needed (up to \$10,000)? \_\_\_\_\_

14. Do you transport hazardous materials, waste or substance which requires placarding?  Yes  No

If yes, complete the *Environmental Transport Questionnaire*.

15. Does applicant travel to Mexico or Canada?  Yes  No

If yes, provide details: \_\_\_\_\_

**Hired/NonOwned Auto**

Complete only if Hired / Non-Owned Auto is requested.

**Hired Auto Liability:**

- 1. Does applicant subhaul, lease or hire equipment from others?  Yes  No  
 If yes, provide the annual estimated cost of hire: Current year \$ \_\_\_\_\_ 2<sup>nd</sup> prior year \$ \_\_\_\_\_  
 1<sup>st</sup> prior year \$ \_\_\_\_\_ 3<sup>rd</sup> prior year \$ \_\_\_\_\_

If yes, is it:  Permanently Leased  Trip Leased

- 2. Is applicant named as additional insured?  Yes  No Limits required: \$ \_\_\_\_\_
- 3. If permanently leased, is it scheduled on this application?  Yes  No
- 4. If permanently leased, are autos hired with drivers?  Yes  No

**Hired Auto Physical Damage:**

Does applicant rent or use substitute equipment?  Yes  No

**Non-Owned Auto:**

- 1. Does applicant authorize personal auto use for business purposes?  Yes  No  
 If yes, describe: \_\_\_\_\_
- 2. Does applicant require proof of insurance?  Yes  No
- 3. What are the minimum limits required? \_\_\_\_\_

**Broadened Pollution Endorsement:**

Do you require Broadened Pollution Coverage?  Yes  No

**Combined Deductible:**

Is the applicant requesting a combined deductible?  Yes  No

**General Liability:**

- 1. Is General Liability coverage in place?  Yes  No
- 2. Do you want coverage for misdelivery of liquid products?  Yes  No
- 3. What precautions are taken to assure that the proper liquid is unloaded into the proper tank?  
 \_\_\_\_\_
- 4. Does applicant store or warehouse any commodities including but not limited to LPG, flammable liquids, chemicals etc.?  
 Yes  No If yes, describe type, quantity and how stored: \_\_\_\_\_
- 5. Does applicant have any above-ground or under-ground storage tanks?  Yes  No  
 If yes, describe: \_\_\_\_\_

**Garbage Operations:**

*Complete only if garbage operation.*

1. Percentage of garbage / trash / refuse hauled:

- \_\_\_\_\_ % Construction or debris collection container haulers
- \_\_\_\_\_ % Residential
- \_\_\_\_\_ % Commercial/Industrial
- \_\_\_\_\_ % Regulated Medical Waste or Biohazard Waste
- \_\_\_\_\_ % Salvage operations including scrap metal dealers
- \_\_\_\_\_ % Scrap metal for hire
- \_\_\_\_\_ % Transfer station to landfill
- \_\_\_\_\_ % Other – Please specify: \_\_\_\_\_

2. Type and number of vehicles:

- \_\_\_\_\_ Packer, Compactor
- \_\_\_\_\_ Rollback
- \_\_\_\_\_ Rolloff
- \_\_\_\_\_ Other – Please specify: \_\_\_\_\_

3. Please note that a minimum liability Property Damage deductible of \$500 is required on this class.

If a higher Property Damage deductible is desired, please specify: \_\_\_\_\_