

Phone: 925-671-2128 | Email: TL@UnionGeneral.com | Fax: 925-671-0171 **UnionGeneral**insurance.com | PO Box 6555, Concord, CA 94524 | CA Lic: 0595325

## **Trucking Questionnaire**

Agency Name:		
Address:		
Phone:	Website:	Email:
Years in Business:	Years Writing Commerc	al Auto:
Total For-Hire Trucking I	Premium Volume: \$	
<b>Total Business Auto Pre</b>	mium Volume: \$	
<b>Top Trucking Markets ar</b>	nd their Premium Volume by Ty	<b>/pe</b> (include admitted, non-admitted, RRG)
Truck Package (Liability	with Physical Damage/Cargo/Gl	_)
1	22	33
Liability Only		
1	2	3
Physical Damage Only		
1	22	3
Monoline Cargo		
1	2	3
Monoline Trucker GL		
1	22	3
Business Auto		
1	22	3
Percentage of trucking b	oook by radius:	
Local/Intermedi	ate% Long H	aul%
	oook by years of prior insurance	
<b>0</b> years%	<b>1-2</b> years%	<b>3-4</b> years%
		your agency (i.e.: general freight, towing, dumping, etc.):
List all states you are ac	tively writing trucking in:	
List other trucking GA's	you are currently placing busin	ess with:

Return completed questionnaire to <a href="mailto:johnm@UnionGeneral.com">johnm@UnionGeneral.com</a> unless otherwise instructed.

<sup>\*</sup>Attached Bios or Resumes of any Key Personnel within your agency