



TRUCK/TRACTOR-TRAILER QUESTIONNAIRE AGRI

TO BE COMPLETED AND SIGNED BY INSURED

- Is/are the vehicle(s) used to haul for self? _____ Others? _____
If others, _____ % of use. Commodity hauled? _____
Back-haul? _____ Commodities back-hauled? _____
- If hauling farm to market, or processing/packaging facility, what is the distance to the facility?
_____ miles one way. Route traveled? _____

3. List any driver on this type of vehicle(s) and years of experience.

Drivers	Years of Experience
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Are inspections performed on a regular basis for vehicle(s)? _____
Annual? Semi Annual? Quarterly? Monthly?
- Any lengthy periods of non-use? _____ Months of non-use _____
- Annual mileage _____ miles
- Are filings required? _____ Form E? _____ MCS90? _____ BMC-94X (ICC)? _____

Insured's Signature

Date signed