



Agribusiness

We insure your Growing Business

TRUCK/TRACTOR-TRAILER QUESTIONNAIRE--FARM/RANCH

Year: _____ Make: _____ Model: _____

VIN#: _____

TO BE COMPLETED AND SIGNED BY INSURED

1. Is/are the vehicle(s) used to haul for self? _____ Others? _____
If others, _____ % of use. Commodity hauled? _____
Back-haul? _____ Commodity back-hauled? _____

2. If hauling farm to market, or processing/packaging facility, what is the distance to the facility?
_____ miles one way. Route traveled? _____

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

Drivers

Years of Experience

_____	_____
_____	_____
_____	_____
_____	_____

4. Are inspection reports required on a regular basis for vehicle(s)? _____

Annual? _____ Semi-annual? _____ Quarterly? _____ Monthly? _____

5. Any lengthy periods of non-use? _____ Months of non-use, _____

6. Annual mileage, _____ miles.

7. Are filings required? E? _____ MCS90? _____ BMC-91X? _____

(Signed)

(Date)