



Farm, Ranch, and Equine

Truck/Tractor-Trailer Questionnaire

Named Insured:
Location Address:

Policy #:

TO BE COMPLETED AND SIGNED BY INSURED

1. Is/are the vehicle(s) used to haul for self? Yes No

If no, who:

If others, % of use. Commodity hauled? Yes No

Back-haul? Yes No Commodities back-hauled? Yes No

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

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

Drivers	Years of Experience

4. Are inspections performed on a regular basis for vehicle(s)? Yes No
Annual Semi Annual Quarterly Monthly

5. Any lengthy periods of non-use? Yes No Months of non-use

6. Annual mileage miles

7. Are filings required: Yes No Form E: Yes No
MCS90: Yes No BMC-94X (ICC): Yes No

Insured signature:

Date:

Agent's signature:

Date: