

EXAMPLE

BUSINESS AUTO/TRUCKING QUESTIONNAIRE

(This form was designed to aid the producer in providing a Commercial Quote.)

Producer Name: <u>ABC</u>	Applicant Name: <u>JOHN DOE</u>
Phone #: <u>555-555-0000</u>	Address: <u>23 MAIN ST.</u>
Fax #: <u>666-666-1111</u>	Phone: <u>777-777-2222</u>

1. # Vehicle(s): 1 Coverage Required: BIPD 100,000 / 300,000 / 35,000 UMBI 100/300/25 TERR: 89
Limits & Coverages Required By:

Year	Make	Model	Vehicle I.D.	GVW	Garaging Address (include zip)
<u>2007</u>	<u>FORD</u>		<u>XXXXXXXXXXXX</u>	<u>15,000 lbs</u>	<u>FAIRBANKS, AK</u> <u>99701</u>

2. Are double trailers pulled? Yes or No. If yes, by which vehicle(s)?
NO

3. Detailed description of vehicle use including what is being hauled. If varies by vehicle, please specify separately for each vehicle.
DRY GOODS

4. Does applicant operate for hire (transport material/commodities for another party)?
NO

5. Are any hazardous materials/substances hauled? Yes or No. If yes, describe including quantity.

6. Radius--Number of, one way straight line, miles traveled from garaging address to furthest final destination.
 0 - 50 miles _____% 51 - 200 miles 100% 200+ miles _____%
If more than 1 class applies, specify % of use in each radius class.
Routes: List all cities and states where vehicles stop to load and unload. (Include frequency per vehicle.)

7.a. Cost of Hire - List all expenses paid to sub-haulers/owner operators during the prior 12 months.

7.b. Does applicant qualify for excess coverage? If yes, check the box next to which rule applies:
1) (Truckers) 2) (Couriers)

8. Total number of employees: 0 Number that use their own vehicles in business: 1

9. What filings or certificates will be required to be made on behalf of the applicant?
DMV _____ PUC _____ ICC _____ MCS-90 _____ DTSC _____ Other (include state)

10. Provide drivers list and report any convictions and accidents in the last 36 months. 3 pts

Remarks:

ALASKA AUTOMOBILE INSURANCE PLAN MANUAL

TRUCKS, TRACTORS, AND TRAILERS OTHER THAN ZONE RATED WORKSHEET

YR/MAKE/MODEL: TERRITORY:	2007 Ford 89	LIABILITY LIMITS: MEDICAL PAYMENTS LIMITS: UNINSURED MOTORISTS LIMITS: EXPERIENCE RATING MODIFICATION OR ADDITIONAL CHARGE PERCENTAGE:	100 / 300 / 35 \$1000 100 / 300 / 45 3 pts
SIZE CLASS: BUSINESS USE CLASS: RADIUS CLASS: SPECIAL INDUSTRY CLASS:	MEDIUM COMMERCIAL INTERMEDIATE		

COVERAGE	BASE PREMIUM	PD DEDUCTIBLE FACTOR (Rule 52)	PRIMARY RATING FACTOR* (Rule 74)	SECONDARY RATING FACTOR (Rule 74)	INCREASED LIMITS FACTOR (Rule 53)	POLLUTION LIABILITY FACTOR (Rule 54)	EXPERIENCE RATING MODIFICATION OR ADDITIONAL CHARGE (Rule 3 or 55)	WHOLE DOLLAR PREMIUM
BI Liability	338	N/A	1.70	.65	2.35	1.05	1.25	2450
PD Liability	208	N/A	1.70	.65	1.03	1.05	1.25	661
Med Pay	39	N/A	N/A	N/A	43	N/A	1.25	49
UM/BI	53	N/A	N/A	N/A	N/A	N/A	N/A	53
UM/PD	4	N/A	N/A	N/A	N/A	N/A	N/A	4
TOTAL								3217

Note: Refer to Rule 74.D, Special Provisions for Certain Risks.
 Refer to Section 22, Premium Deposit Requirements and Payment Options.
 * For medical payments coverage, primary rating factors only apply to trailers.