

TENNESSEE UNDERWRITERS INC.
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TRUCK CARGO PROPOSAL

SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Effective: _____

| | | | | | | | | | |
|--|--------------|------------------------------|------------------------------|--|---|--|-------|------------|----------------|
| 1. Name: | | | | | 2. Address - Terminal locations if more than one. | | | | |
| 3. Business is: _____ Common Carrier _____ No. years in business Contract Carrier _____ Private Carrier (Owner's goods on own vehicle.) _____ | | | | | 4. Full names and titles of officers, owners, partners _____ _____ _____ Telephone #: _____ | | | | |
| 5. With what regulatory commissions are policies to be filed? | | | | | 6. File or docket numbers? I.C.C., Pa., Ohio, N.Y., In. | | | | |
| 7. Operates in States or Provinces of: | | | | | | | | | |
| 8. Routes, (principle cities): | | | | | | | | | |
| 9. Number of Vehicles: | | | | | 10. Radius of Operation (List no. of units in each group) or Percent | | | | |
| Vehicle Type | Van | Flatbed | Refrigerated | Tank | Bulk | Vehicle Type | Local | 250+ Miles | Over 500 Miles |
| Cars | | | | | | Trucks | | | |
| Tractors | | | | | | Tractors | | | |
| Trucks | | | | | | 11. Gross Receipts for the Past Four Years | | | |
| Semi-Trailers | | | | | | Period | | Cargo | Revenue |
| Full-Trailers | | | | | | From | To | Rate | |
| Double Deck | | | | | | | | | |
| IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT | | | | | | | | | |
| 12. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____ | | | | | | | | | |
| 13. Do you lease, loan or rent any of your equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____ | | | | | Estimated for Coming Year: | | | | |
| 14. Name of present insurance carrier(s) and Policy No.(s) _____ | | | | | 16. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____ | | | | |
| 15. Deductible(s) on Prior Policies: _____ | | | | | | | | | |
| 17. Limits Requested: | | Average Exposure per Vehicle | Maximum Exposure per Vehicle | Present Insuring Conditions: _____ Form & Deductible Requested: _____ | | | | | |
| Per Vehicle | Per Disaster | | | | | | | | |
| \$ | \$ | \$ | \$ | | | | | | |
| 18. Is terminal coverage required? _____ If yes, details page 2. | | | | | 20. Is liquor or manufactured tobacco transported? _____ If yes, give details separately. | | | | |
| 19. Experience - Current and Past Two Years: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE | | | | | | | | | |
| Period | | Premium | No.Clms | Losses Paid and Outstanding | | | | Totals | |
| From | To | | | Fire | Collision | Overturn | Theft | Other | |
| | | \$ | | | | | | | |
| | | \$ | | | | | | | |
| | | \$ | | | | | | | |

21. DETAILS OF LARGE LOSSES:

