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Trucking Questionnaire

Agency Name:		
Address:		
Phone:	Website:	Email:
Years in Business:	Years Writing Commerci	al Auto:
Total For-Hire Trucking	Premium Volume: \$	
Total Business Auto Pre	mium Volume: \$	
Top Trucking Markets a	nd their Premium Volume by Ty	pe (include admitted, non-admitted, RRG)
Truck Package (Liability	with Physical Damage/Cargo/GL	
1	2	3
Liability Only		
1	22	3
Physical Damage Only		
1	22	3
Monoline Cargo		
1	2	3
Monoline Trucker GL		
1	22	3
Business Auto		
1	22	3
Percentage of trucking k	oook by radius:	
	ate% Long Ha	ul%
	book by years of prior insurance	
		3-4 years%
		your agency (i.e.: general freight, towing, dumping, etc.):
List all states you are ac	tively writing trucking in:	
List other trucking GA's	you are currently placing busine	ess with:

Return completed questionnaire to johnm@UnionGeneral.com unless otherwise instructed.

^{*}Attached Bios or Resumes of any Key Personnel within your agency