

**EXCESS CASUALTY  
AUTO QUESTIONNAIRE**

Name of Insured: \_\_\_\_\_

Location: \_\_\_\_\_

1. Description of Operations: \_\_\_\_\_

2. Payroll: \$ \_\_\_\_\_ Gross Receipts: \$ \_\_\_\_\_

3. Automobile Exposure and Radius:

Radius	PPT	Light	Medium	Heavy	Dump	Tractor	Trailer
50 or less							
50 - 250							
250 - 500							
Over 500							

4. Underlying Insurance:

Coverage	Carrier	Limits	Policy Period	Premium
Owned Autos		\$		\$
Hired/Non-Owned		\$		\$

5. Loss Experience:

Policy Period	Number of Claims	Payment	Reserve
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Any losses in excess of \$10,000?  No  Yes

If "Yes," please provide details: \_\_\_\_\_

6. What commodities does the applicant haul? \_\_\_\_\_

7. Please provide details on hazardous commodities hauled: \_\_\_\_\_

a. Details on storage: \_\_\_\_\_

b. Details on packaging: \_\_\_\_\_

8. Does the applicant have a safety program in effect?  No  Yes

a. Is program  formal or  informal?

b. Is there a safety director?  No  Yes

c. How often are meetings held? \_\_\_\_\_

9. Is there any drive incentives or safety awards?  No  Yes  
 a. For accident free miles?  No  Yes  
 b. For violation free miles?  No  Yes
10. Are MVRs checked prior to hiring drivers?  No  Yes  
 How often after hire? \_\_\_\_\_
11. Minimum age of drivers: \_\_\_\_\_ Maximum age of drivers: \_\_\_\_\_
12. Does the applicant have a vehicle maintenance program in effect?  No  Yes  
 How often is maintenance performed? \_\_\_\_\_
13. Through what major cities does the applicant travel? \_\_\_\_\_
14. Are owner/operators used?  No  Yes  
 a. How many? \_\_\_\_\_  
 b. Must they follow the same guidelines as regular drivers?  No  Yes  
 c. Must they follow the applicant's maintenance program?  No  Yes  
 d. Are owner/operated units included in the totals above?  No  Yes

**GENERAL FRAUD STATEMENT**

**(Not applicable in the states mentioned below where a specific warning applies.)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Maine, Tennessee, Virginia, Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

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Applicant's Signature

Date

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Agent's or Broker's Name (Please print)

Telephone Number

Agents Signature

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License No.

Date