



## Long Haul Trucking Supplemental Questionnaire

Brokerage/Agency Name: \_\_\_\_\_

1. Provide the following information for the top 3 carriers used for long haul trucking coverages.

<u>Carrier</u>	<u>Direct Access?</u>	<u>Premium Volume</u>	<u>Years Represented</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

2. What percent of trucking clients are involved in transporting hazardous materials? \_\_\_\_\_%

3. Does the brokerage/agency have any binding authority for any long haul trucking related accounts? .....  Yes  No

4. Does the brokerage/agency accept sub-brokered long haul trucking business? .....  Yes  No

5. Does the brokerage/agency place any long haul trucking business through a broker? .....  Yes  No

**If Yes**, please complete the following for the top 3 brokers used for long haul trucking business:

<u>Broker/Agency</u>	<u>Premium Volume</u>	<u>Carrier</u>	<u>Years of Long Haul Trucking Experience</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List agency staff that handle long haul trucking accounts along with experience.

Name	Yrs. of Long Haul Trucking Experience	Position In Brokerage/Agency
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support
_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)