



TRUCKING QUESTIONNAIRE

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

Agency Name: _____ **Policy Number:** _____

1. Total volume of premium for this line of business:

2. Long haul trucking radius (miles):

3. What is the percentage:

Fleet _____ % Independent _____ %

4. Identify the wholesalers/brokers and/or carriers with whom you place this business and whether you have binding authority:

5. What is your experience in handling this line of business?

6. Loss ratio by carrier for this line of business:

7. What types of commodities are transported?

Perishable _____ % Non perishable _____ %

8. Amount of business received directly from insured: _____ %

Amount of business received from other brokers: _____ %

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**