



# Arachas Group

**INSURANCE**

keystone platform partner

## TRUCKERS RENEWAL QUESTIONNAIRE

**ALL INFORMATION IS NECESSARY**

Business Name: \_\_\_\_\_

Terminal Address: \_\_\_\_\_

FEIN Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

SPECIFIC COMMODITES HAULED	PERCENTAGE	MAXIMUM DOLLAR VALUE/LOAD OF THIS COMMODITY

Be specific – Please do not list “dry” or “general freight” or “freight of all kinds”

Give a percentage and maximum value for each commodity

Percentage of your trips within each radius: 500+ Miles: \_\_\_\_\_% 301-500: \_\_\_\_\_% 51-300: \_\_\_\_\_% 0-50: \_\_\_\_\_%

Primary cities and states traveled? \_\_\_\_\_

Do you have your own authority?  YES  NO

If yes, please provide your insurance filing information. Auto Liability \_\_\_\_\_ Cargo \_\_\_\_\_

Are you filed in any individual state?  YES  NO

If yes, please list docket numbers and state: \_\_\_\_\_

ANNUAL REVENUE AND MILES			
LAST 12 MONTHS			
PROJECTED NEXT 12 MONTHS			

Has there been any change in operations? \_\_\_\_\_

Please provide:

Copies of schedule “B” report for the past 4 quarters (IFTA mileage by state)

Current listing of vehicles and trailers

Current list of drivers



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## Drivers & Vehicle List

### Drivers

NAME	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	DATE HIRED	YEARS OF EXPERIENCE

### Equipment List:

YEAR	MAKE	SERIAL NUMBER	REGISTERED STATE	VALUE	ANNUAL MILEAGE

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Please make sure that all questions have been answered and returned by email as soon as possible to: [INFO@TISBARTLETT.COM](mailto:INFO@TISBARTLETT.COM)

Transportation Insurance Solutions  
Phone: (630) 289-4410 Fax: (630) 289-7726

ArachasGroup.com