

**SERVICE TRUCK/AUTO
(Non-Rental)
QUESTIONNAIRE**

Return To:
ARA Insurance Services

COMPANY NAME

ADDRESS

CITY STATE ZIP

102 N.W. Parkway
North Kansas City, MO 64150
800-821-6580 FAX 816-474-1931

EFFECTIVE DATE

SCHEDULE OF SERVICE TRUCKS

PHYSICAL DAMAGE INFORMATION

UNIT #	YEAR*	MAKE	MODEL	VIN/SERIAL NUMBER	GROSS VEHICLE WEIGHT	WHERE GARAGED?			COST NEW \$	CHECK DESIRED COMP/COL DEDUCTIBLE			
						CITY	ST	LOC.#		\$1,000	\$2,500	\$5,000	NONE
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

*Photo required on all vehicles 10 years or older: Further information may be required

DRIVER INFORMATION – *Must have before we can quote.*

Drivers Name & Address	Sex		Birth Date	Driver's License No.	ST
	M	F			
A					
B					
C					
D					
E					
F					
G					

DESCRIPTION OF OPERATION

- 1. Do you haul for others for a charge? Yes No
- 2. Do you exceed a 50 mile operating radius? Yes No How frequently? _____
- 3. Total number of employees? _____ How many drive their own cars for your business? _____
- 4. Is a regular maintenance program used? Yes No
 Describe _____
- Are records kept? Yes No
- 5. Do you require a Driver's License check before employing drivers? Yes No
- 6. Do you hire persons under 21 years of age as drivers? Yes No
- 7. Are trucks used by family members for personal use to and from work? Yes No
- 8. Are employees allowed to use company vehicles for personal use? Yes No

PRIOR EXPERIENCE – Past Full 36 Months

Year	Previous Carrier	Policy Number	Premium	No. Losses	Losses Paid/Reserved	Comments
			\$			

Has Insurance for your service trucks been cancelled or refused in the past? Yes No