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TRUCK/TRACTOR-TRAILER QUESTIONNAIRE—FARM/RANCH

(To be completed and signed by the insured.)

Policy Name _____

Vehicle ID _____ Year _____ Make _____

1. Is the vehicle used to haul for self ? Or others ?
If others, what percentage of the time? _____ Commodity handled _____

2. If Farm-to-Market or packing or processing facility, please advise.

Distance to facility? _____

Route traveled? _____

3. List any drivers on this type of vehicle and their experience.
Drivers: _____ Experience: _____

4. Does insured conduct regular, documented inspections of this vehicle?

Yes No

5. Any lengthy periods of non-use (suspension or lay-up)?

Yes No

6. Annual mileage? _____ Filings required? Yes No

Insured Signature: _____ Date _____