

## 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 \_\_\_\_\_