

California Automobile Assigned Risk Plan (CAARP)**BUSINESS AUTO/TRUCKING QUESTIONNAIRE**

(This form was designed to aid the producer in providing a CAARP Commercial Quote.)

Producer Name:	Applicant Name:
Phone #:	Address:
Fax #:	Phone:

1. # Vehicle(s): _____ Coverage Required: BIPD _____ UMBI
Limits & Coverages Required By:

Year	Make	Model	Vehicle I.D.	GVW	Garaging Address (include zip)

2. Are double trailers pulled? Yes or No. If yes, by which vehicle(s)?

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3. Detailed description of vehicle use including what is being hauled. If varies by vehicle, please specify separately for each vehicle.

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4. Does applicant operate for hire (transport material/commodities for another party)?

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5. Are any hazardous materials/substances hauled? Yes or No. If yes, describe including quantity.

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6. Radius--Number of, one way straight line, miles traveled from garaging address to furthest final destination.

☐ 0 - 50 miles _____% ☐ 51 - 200 miles _____% ☐ 200+ miles _____%

If more than 1 class applies, specify % of use in each radius class.

Routes: List all cities and states where vehicles stop to load and unload. (Include frequency per vehicle.)

- 7.a. Cost of Hire - List all expenses paid to sub-haulers/owner operators during the prior 12 months.

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- 7.b. Does applicant qualify for excess coverage? If yes, check the box next to which rule applies:

1) (Truckers) ☐ 2) (Couriers) ☐

8. Total number of employees: _____ Number that use their own vehicles in business: _____

9. What filings or certificates will be required to be made on behalf of the applicant?

DMV _____ PUC _____ ICC _____ MCS-90 _____ DTSC _____ Other (include state)

10. Provide drivers list and report any convictions and accidents in the last 36 months.

Remarks: