

# BEDFORD UNDERWRITERS, LTD.

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## SUPPLEMENTAL QUESTIONNAIRE **TRUCKING**

We are considering quoting this account prior to a loss control survey. Please help us by obtaining this information and return to us by \_\_\_\_\_. This will have a direct impact on our decision making process. Thank you in advance for your cooperation!

- Number of years in business : \_\_\_\_ YRS.
- Total number of drivers : \_\_\_\_
- Describe materials hauled: \_\_\_\_\_
- Radius of operations : Avg. \_\_\_\_ Miles Max. \_\_\_\_ Miles  
Number of stops per day : \_\_\_\_ Per Day
- Number of overnight trips per week : \_\_\_\_
- List state or states operated in : \_\_\_\_\_
- Do drivers load or unload : Yes \_\_\_\_ No \_\_\_\_  
If yes, how often : \_\_\_\_%
- Are there any employees involved in loading / unloading ie: dock workers, freight handlers, lumpers: Yes \_\_\_\_ No \_\_\_\_
- Are Owner Operators used : Yes \_\_\_\_ No \_\_\_\_  
If Yes, number of Owner Operators : \_\_\_\_  
If yes, are W.C. Certificates obtained : Yes \_\_\_\_ No \_\_\_\_  
Is insured voluntarily covering W.C. for the owner operators : Yes \_\_\_\_ No \_\_\_\_
- Union : Yes \_\_\_\_ No \_\_\_\_
- Average wage : \$\_\_\_\_ / HR. or \$\_\_\_\_ / Mile
- Are health benefits provided : Yes \_\_\_\_ No \_\_\_\_  
If yes, what percentage is paid by the employer : \_\_\_\_%
- Average years driving experience : \_\_\_\_ YRS.
- Return to work program : Yes \_\_\_\_ No \_\_\_\_  
If Yes describe : Informal / Case by Case \_\_\_\_ Formal Documented \_\_\_\_
- Safety / Loss Control Management : Safety program : Yes \_\_\_\_ No \_\_\_\_  
If Yes describe : Informal \_\_\_\_ Formal / Documented \_\_\_\_  
Full time safety director : Yes \_\_\_\_ No \_\_\_\_  
Speed governors : Yes \_\_\_\_ No \_\_\_\_  
Satellite tracking : Yes \_\_\_\_ No \_\_\_\_

Any flat bed trailers or tankers used by this trucker?  
\_\_\_\_\_  
\_\_\_\_\_