



Oversize Overweight Questionnaire

*This form must be completed in addition to the Commercial Auto or Cargo Application if the applicant is **hauling oversize overweight** materials.*

Applicant/Insured:			Submission/Policy #				
Permits required:	<input type="checkbox"/>	YES				YES	NO
	<input type="checkbox"/>	NO				<input type="checkbox"/>	<input type="checkbox"/>
States			Escort Vehicles:			<input type="checkbox"/>	<input type="checkbox"/>
			Police Escorts in cities:			<input type="checkbox"/>	<input type="checkbox"/>
			Hired:			<input type="checkbox"/>	<input type="checkbox"/>
			Insured load/unload cargo:			<input type="checkbox"/>	<input type="checkbox"/>
			Owned:			<input type="checkbox"/>	<input type="checkbox"/>
			If owned, personal use:			<input type="checkbox"/>	<input type="checkbox"/>
			Please explain personal use of owned vehicles:				
			Does Insured set up load at final destination:				
			<input type="checkbox"/> <input type="checkbox"/>				
			If yes please explain:				

Please indicate precautions taken:							
<input type="checkbox"/>	Oversized signs	<input type="checkbox"/>	Flashing Lights	<input type="checkbox"/>	Stops to tighten tie-downs		
<input type="checkbox"/>	Travel at night	<input type="checkbox"/>	Weather Conditions Checked	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Special Routes	Explain:					
<input type="checkbox"/>	Special Equipment Attached	Explain:					
Experience hauling OSOW							
Driver	Yrs	Driver	Yrs	Driver	Yrs	Driver	Yrs

Any person who knowingly and with intent to defraud any insurance company or representative thereof or who files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any factual material thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant/Insured	Date
Signature of agent	Date