



Farm Truck/Trailer Questionnaire *One form per unit*

- Complete one form per unit
- Questionnaire must be filled out in its entirety
- Must be for farm use only - NO HAUL FOR HIRE ALLOWED
- Be aware there is no coverage for leased semi -trailers
- Photos are required. Please include with questionnaire

Policy Number _____ Date _____

Insured's Name _____

Vehicle: Year/Make/Model/Vin _____

Current Value \$ _____ Gross Vehicle Weight _____

Select only ONE within this area

Straight Truck (#axles) _____
 Truck-Tractor
 Semi-Trailer (length) _____

Owner exclusivity Yes No (If no, explain below)

Farm exclusivity Yes No (If no, explain below)

Garaged on farm premise Yes No (If no, explain below)

Trips to other states Yes No (If yes, explain below)

What Is Hauled And Average Miles One Way _____

Seasonal Use OR Daily (Regular) Use

Note: Seasonal Vehicles Cannot Be Put In Storage And Will Need To Remain On Policy Continuously.

List All Drivers Of Vehicle _____

Comments _____

You Can Email This Directly To PandC@fmh.com