



Ocean Marine Division  
65 Broadway  
New York City, NY 10006

## Non-Owned Auto Questionnaire

This is not a Binder

Organization name: \_\_\_\_\_

### Application Information

	Yes	No
1. Does your organization own any vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Number of employees: _____		
3. Do employees use their own vehicles on behalf of your organization?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have guidelines in place for employees which outline driver acceptability? <b>If yes, what are your guidelines?</b>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please complete the following chart, indicating the number of employees that may use their own vehicles on behalf of your organization. Please include each individual only in the category that is most descriptive of their use:

Number of employees	Useage	Average Trips Per Week	Annual MVW Required?		Proof of Personal Auto Insurance Required on a Renewal Basis?		Greater than State Minimum Person Auto Limit Required?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Errands		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Product Delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Customer Visits		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Comments: