



Auto Questionnaire

Name of organization _____

Website address _____

If you do not have a website, attach a brochure and detailed description of daily activities of your organization.

FEIN _____

Auto Questions

N/A Yes No

1. Are all autos being submitted for coverage titled to the organization? Yes No
If no, describe which autos are not titled to the organization and list the titled owner:

2. Enter the number of autos by ownership status:
 Owned _____ Leased _____ Leased with a driver (or chartered) _____

3. Does your organization spend more than \$2,500 on vehicle rentals per year? N/A Yes No
If yes, annual cost \$ _____
 Please describe the types of vehicles rented:

4. Do you provide transportation to any clients, members or the general public? Yes No
If yes, describe services _____

a. Are strict routes and timetables enforced? Yes No

b. When transporting passengers younger than 18, are 2 adults present? Yes No

c. Are you following all applicable state and federal licensing laws? Yes No

d. Do you maintain driver files on CDL licensed drivers? Yes No

e. Do any autos have wheelchair lifts? Yes No

5. Do any employees or volunteers use their personal autos on behalf of the organization either on a daily or weekly basis? Yes No
If yes,

a. Number that have daily or weekly usage of personal autos:
 Employees _____ Volunteers _____

b. Indicate type of usage:
 Errands
 Delivery of meals or property – average number of deliveries per week _____
 Transportation of other people – average number of people transported per week _____

c. Does your organization require proof of personal auto insurance annually? Yes No

d. Does your organization require at least 100,000 personal auto policy limits? Yes No
If no, indicate minimum limits you require _____

6. Does your organization:

a. Run Motor Vehicle Reports (MVRs) **at the time of hire**, for all drivers (including drivers of owned autos and non-owned autos, employees and volunteers)? Yes No

b. Run **annual** MVRs on all drivers? Yes No

Auto Questions Continued

	Yes	No
7. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:		
a. Driver has more than 2 moving violations/accidents within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years (<i>DWI/DUI, reckless driving, leaving the scene, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
8. What types of driver training do you provide your drivers?		
Training methods: <input type="checkbox"/> Document Distribution <input type="checkbox"/> Online/Classroom Training <input type="checkbox"/> Road Testing <input type="checkbox"/> Other _____		
Training topics: <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Passenger Van <input type="checkbox"/> Weather-Related <input type="checkbox"/> Wheelchair Lifts <input type="checkbox"/> Other _____		
9. Does management have and enforce a written policy restricting use of electronic devices (<i>including cell phones</i>) while driving (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a dedicated risk manager for your auto fleet?	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ Title _____ Email _____ Phone _____		
11. Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , on how many vehicles? _____		
12. Who is your current telematics provider? _____		
13. What type of telematics program are you using?		
<input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation <input type="checkbox"/> Wireless Mobile Devices <input type="checkbox"/> Other _____		

Signature _____

Date Completed _____