

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? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: | | | |
| <input type="checkbox"/> Owned _____ | <input type="checkbox"/> Leased _____ | <input type="checkbox"/> Leased with a driver (or chartered) _____ | |
| 3. Does your organization spend more than \$2,500 on vehicle rentals per year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , annual cost \$ _____ | | | |
| Please describe the types of vehicles rented: | | | |
| | | | |
| 4. Do you provide transportation to any clients, members or the general public? | | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , describe services _____ | | | |
| a. Are strict routes and timetables enforced? | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. When transporting passengers younger than 18, are 2 adults present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you following all applicable state and federal licensing laws? | | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you maintain driver files on CDL licensed drivers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do any autos have wheelchair lifts? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs: | | | |
| _____ | | | |
| a. Indicate type of usage (select all that apply): | | | |
| <input type="checkbox"/> Errands | <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____ | | |
| <input type="checkbox"/> Delivery of meals or property | <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____ | | |
| <input type="checkbox"/> Transportation of others | <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly; Average Number of trips per week _____ | | |
| | | Yes | No |
| b. Does your organization require proof of personal auto insurance annually? | | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does your organization require at least 100,000 personal auto policy limits? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your organization: | | | |
| a. Run Motor Vehicle Reports (MVRs) at the time of hire and annually , for all drivers (including drivers of owned autos and non-owned autos, employees and volunteers)? | | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Run annual MVRs on all drivers? | | <input type="checkbox"/> | <input type="checkbox"/> |

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. Do you have a distracted driver policy in place (<i>including employees or volunteers that drive their own vehicles for business use</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , how is it enforced _____ | | |
| 10. Does management have and enforce a written policy restricting use of electronic devices (<i>including cellphones, smart phone technology</i>) while driving (<i>including employees or volunteers that drive their own vehicles for business use</i>)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have a dedicated risk manager for your auto fleet? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name _____ Title _____ | | |
| Email _____ Phone _____ | | |
| 12. Do you have a dashboard camera installed in all of your vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please indicate the type(s): <input type="checkbox"/> Forward facing only <input type="checkbox"/> Forward and rear cameras | | |
| 13. Do you utilize telematics? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , on how many vehicles? _____ | | |
| 14. Who is your current telematics provider? _____ | | |
| 15. 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 _____