

Auto Questionnaire

Nam	e of organization		
	site address		
•	do not have a website, attach a brochure and detailed description of daily activities of your organization.		
EIN			
Au	to Questions N/A	Yes	No
1.	Are all autos being submitted for coverage titled to the organization?		
	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? □		
	If yes, annual cost \$		
	Please describe the types of vehicles rented:		
4.	Do you provide transportation to any clients, members or the general public?		
	If yes, describe services	ш	ш
	a. Are strict routes and timetables enforced?		
	b. When transporting passengers younger than 18, are 2 adults present?		
	c. Are you following all applicable state and federal licensing laws?		
	d. Do you maintain driver files on CDL licensed drivers?		
	e. Do any autos have wheelchair lifts?		
E	•	ш	ш
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):		
	☐ Errands: ☐ Daily or ☐ Weekly; Average Number of trips per week		
	☐ Delivery of meals or property:		
	☐ Daily or ☐ Weekly; Average Number of trips per week		
	☐ Transportation of others:		
	☐ Daily or ☐ Weekly; Average Number of trips per week		
	b. Does your organization require proof of personal auto insurance annually?		
	c. Does your organization require at least 100,000 personal auto policy limits?		
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)?		
	b. Run annual MVRs on all drivers?		

Au	to 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?		
	b. Driver has a major violation in last 5 years (DWI/DUI, reckless driving, leaving the scene, etc.)?		
	c. Driver has a suspended, expired, or revoked license?		
8.	What types of driver training do you provide your drivers?		
	Training methods: Document Distribution Online/Classroom Training Road Te	esting	
	☐ Other		
	Training topics: \square Defensive Driving \square Distracted Driving \square Passen	ger Van	
	☐ Weather-Related ☐ Wheelchair Lifts ☐ Other_		
9.	Do you have a distracted driver policy in place (including employees or volunteers that drive their own		
	vehicles for business use)?		
	If yes, how is it enforced		
10.	Does management have and enforce a written policy restricting use of electronic devices (including		
	cellphones, smart phone technology) While driving (including employees or volunteers that drive their own vehicles for business use)?		
11.	Do you have a dedicated risk manager for your auto fleet?		
	Name Title		
	Email Phone		
12.	Do you utilize telematics?		
	If yes, on how many vehicles?		
13.	Who is your current telematics provider?		
14.	What type of telematics program are you using?		
	□ Data Sensors □ Integrated GPS Navigation □ Wireless Mobile Devices □ Other_		
Signa	ture Date Completed		