

## 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 \_\_\_\_\_

### Hired and Non-owned Auto

N/A Yes No

1. Does your organization spend more than \$2,500 on vehicle rentals per year? ☐ N/A ☐ Yes ☐ No

**If yes**, annual cost \$ \_\_\_\_\_

a. Are the vehicles leased with a driver (chartered)? ☐ Yes ☐ No

b. Please describe the types of vehicles rented:

2. Does your organization contract with a third-party bus contractor to transport clients? ☐ Yes ☐ No

a. Does your organization require a certificate of insurance from the bus contractor? ☐ Yes ☐ No

b. Is your organization named as an additional insured on the bus contractor's insurance policy? ☐ Yes ☐ No

c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor? ☐ Yes ☐ No

3. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs:

☐ **Not Applicable** \_\_\_\_\_

a. Indicate type of usage (*select all that apply and provide description*):

☐ 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 \_\_\_\_\_

*\*If transportation of others is provided, respond to Question #5 in the Owned Auto section.*

Yes No

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

c. Does your organization require at least 100,000 personal auto policy limits? ☐ Yes ☐ No

4. Does your organization run Motor Vehicle Reports (MVRs) **at the time of hire and annually**, for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ Yes ☐ No

5. 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? ☐ Yes ☐ No

b. Driver has a major violation in last 5 years (*DWI/DUI, reckless driving, leaving the scene, etc.*)? ☐ Yes ☐ No

c. Driver has a suspended, expired, or revoked license? ☐ Yes ☐ No

6. Does your organization have a distracted driver policy in place for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ Yes ☐ No

**If yes**, how is it enforced \_\_\_\_\_

7. Does management have and enforce a written policy restricting use of electronic devices (*including cellphones, smart phone technology*) for all drivers while driving for business purposes? ☐ Yes ☐ No

**Owned Auto**

**N/A**

**Yes**

**No**

1. Does your organization have a dedicated risk manager for the auto fleet?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2. 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:

3. Please indicate the types of vehicles used by your organization (select all applicable)

☐ Owned \_\_\_\_\_

☐ Long-term Leased \_\_\_\_\_

4. Does your organization lease or loan owned vehicles out to other entities?

☐

☐

5. Does your organization provide transportation to any clients, employees, or the general public?

☐

☐

**If yes**, describe services \_\_\_\_\_

a. Are strict routes and timetables enforced?

☐

☐

b. When transporting passengers younger than 18, are 2 adults present?

☐

☐

☐

c. Is your organization following all applicable state and federal licensing laws?

☐

☐

d. Does your organization maintain driver files on CDL licensed drivers?

☐

☐

☐

e. Do any autos have wheelchair lifts?

☐

☐

f. How many 12-15 passenger vans are owned? \_\_\_\_\_

6. What types of driver training does your organization provide your drivers?

Training methods:

☐ Document Distribution

☐ Online/Classroom Training

☐ Road Testing

☐ Other \_\_\_\_\_

Training topics:

☐ Defensive Driving

☐ Distracted Driving

☐ Passenger Van

☐ Weather-Related

☐ Wheelchair Lifts

☐ Other \_\_\_\_\_

Training frequency:

☐ At Time of Hire

☐ Monthly

☐ Semi-Annually

☐ Annually

☐ Randomly (as needed)

☐ Other \_\_\_\_\_

7. Does your organization have a dashboard camera installed in all vehicles?

☐

☐

**If yes**, please indicate the type(s): ☐ Forward facing ☐ Rear cameras

8. Does your organization utilize telematics?

☐

☐

a. **If yes**, on how many vehicles? \_\_\_\_\_

b. Who is the telematics provider? \_\_\_\_\_

c. What types of telematics programs are utilized?

☐ Data Sensors

☐ Integrated GPS Navigation

☐ Wireless Mobile Devices

☐ Other \_\_\_\_\_

Signature \_\_\_\_\_

Date Completed \_\_\_\_\_