

Auto Supplemental Application

Applicant: _____

SECTION I – DESCRIPTION OF OPERATIONS

1. Do you use automobiles for the following purposes?

a) Passenger carrying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Job related activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Pick up and delivery of goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Executive staff transport – no Clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. If you transport physically or mentally challenged passengers, answer the following:

a) Are units equipped to handle special needs including wheelchairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are drivers trained to handle equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Are special securing methods utilized for passengers and/or wheelchairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are volunteers used to transport physically or mentally challenged passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Are both employed drivers and volunteers trained in specialized handling of mentally and / or physically challenged passengers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Is the safety program accredited by any National organization or supplied by a risk management firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no, please supply a copy of your self-produced plan.

SECTION II – AREA OF OPERATIONS

3. Describe the normal operating areas and the % of operations in each.

City	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____ %
Suburban	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____ %
Rural	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____ %

4. Do you operate over routine routes? Yes No
 If so, how many times per week? _____

5. Do you transport Clients on overnight excursions or trips that are longer than 250 miles roundtrip? Yes No

SECTION III – EQUIPMENT

6. Complete for each type of vehicle operated:

Veh. Type	Number & Capacity				Radius of Operation (miles) Units Each Group		
	0-8	9-20	21-60	61+	0-50	51-200	200+
Bus							
Van							
School Bus							
Private Pass.							
Other							

SECTION IV – HIRED AND NON OWNED VEHICLES

7. Does any contract or lease agreement exist to supply vehicles to the insured for transportation of clients? Yes No
 Is the insured required to provide insurance on a primary basis? Yes No

8. Number of employees who use their personal autos on insured's behalf? ____
 Do you wish to have employees be an additional insured on this policy for an additional charge? Yes No

9. Number of volunteers who use their personal autos on insured's behalf? ____
 Do you wish to have volunteers be an additional insured on this policy for an additional charge? Yes No

10. Indicate frequency, details of usage, and the % of the total auto operations that each group represents.
 % of use by employees: _____ % of use by volunteers: _____

11. Are copies of personal auto policies obtained from all employees and volunteers who use their vehicles on behalf of the insured? Yes No

12. Are liability limits of at least \$100,000 / \$300,000 required? Yes No

If Yes, how often is this information updated? _____
If NO, what liability limits do you require? _____

13. What percentage of your owned or leased vehicles are driven home by employees, executives, volunteers, etc? _____ %
Does your company restrict personal use of these vehicles or youthful operator exposure? If YES, is it in writing? Explain: _____ Yes No
14. Are Motor Vehicle Reports obtained for all employees and volunteers who use their vehicles on behalf of the insured. Yes No
15. What is considered an acceptable driving record? _____

PLEASE NOTE: COVERAGE WILL BE EXCESS OVER ANY VALID AND COLLECTIBLE INSURANCE WHEN EMPLOYEES AND VOLUNTEERS USE THEIR PERSONAL AUTOS FOR YOUR BENEFIT.

SECTION V – SAFETY AND MAINTENANCE

16. Does the insured have driver hiring criteria / selection standards in place? Yes No
If yes, does it include the following:
- a. MVRs checked prior to hire? Yes No
At least annually thereafter? Yes No
 - b. Physical exams at time of hire? Yes No
 - c. Drug / Alcohol testing at time of hire? Yes No
 - d. Reference checks? Yes No
 - e. Require CDL when applicable? Yes No
 - f. Road Test given prior to hire? Yes No
 - g. Number of drivers (including volunteers) under 25 _____ over 60 _____
Total # of drivers, including family members who may drive: _____
of drivers employed less than one year? _____
 - h. How long have these procedures been in place? _____
- Other comments on driver hiring or selection : _____

17. Is there a formal safety program in effect? Yes No
If yes, please attach copy or outline of the program including person or persons who have specific responsibilities for its implementation.
18. Do you have a written vehicle maintenance program? Yes No
19. Who maintains your vehicles? _____
20. Do you have a driver-training program? Yes No
If yes, describe and attach a copy of the program.
21. Do you have a driver safety incentive program? Yes No
If yes, attach a description/copy of the program.
22. Do you have a written accident reporting procedure? Yes No
If yes, attach a copy of this procedure.
23. Are annual reviews of all drivers conducted? Yes No
If No, how often? _____
24. Is any action taken against a driver for having a chargeable (at fault) accident or when you learn of serious motor vehicle violations (DUI, etc.) on their MVR? Yes No
Please explain. _____
25. Attach drivers' list including names, license number, license state, date of birth, and date of hire. For each driver listed, attach a current MVR.

SECTION VI – FILING INFORMATION

26. Is any special filing required? Yes No If yes, please explain: _____

SECTION VII – PREVIOUS INSURANCE AND LOSS EXPERIENCE

27. Submit hard copy insurance company loss runs for at least three years plus the current year. The loss runs must have been valued within the last ninety days in order to be acceptable.

INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

Signature: _____ Principal, Partner or Officer	Date: _____
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