

FLEET QUESTIONNAIRE

Named Insured: _____

Website: _____

1. Are all owned or leased vehicles being submitted to us for coverage?
If yes, attach Acord Auto applications. Yes No

2. Are MVR's obtained on newly hired drivers? Yes No

3. Are MVR's obtained annually on all drivers
Who is responsible for driver selection? _____ Yes No

4. Who monitors the MVR's? _____
Who is responsible for driver training? _____

5. Does your organization prohibit employees and volunteers from driving on your behalf
if their MVR indicates any of the following:

a. More than 2 moving violations and/or accidents within
a 3-year period Yes No

b. Reckless driving, DUI or any felony driving conviction within
a 5-year period Yes No

6. Is there a written fleet safety program? Yes No
Please explain or attach a copy _____

7. Is there a formal accident investigation program? Yes No
Who is responsible for the investigation? _____

8. Is there a formal vehicle maintenance program? Yes No
Who performs maintenance? _____

What is the frequency of vehicle maintenance?
 Monthly Quarterly Semi-Annually Annually

Are maintenance records retained? Yes No

9. Is hired auto liability coverage desired? Yes No
 If yes, does your annual vehicle rental expense exceed \$2,500? Yes No
 If yes, what is your annual vehicle rental expense? _____

10. Is non-owned auto liability coverage desired? Yes No
 If yes, total number of employees _____ volunteers _____

Complete the following chart, indicating number of employees and volunteers that use their personal vehicles on behalf of your organization

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport clients or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

11. Please check those procedures applicable to this risk:

- Defensive Driver Training Primary First Aid Training Van Driver Training
 Passenger Assistance Training Basic Transportation Operation