

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. Do you contract with a third-party bus contractor to transport clients?		<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require a certificate of insurance from the bus contractor?		<input type="checkbox"/>	<input type="checkbox"/>
b. Is your organization named as an additional insured on the bus contractor's insurance policy?		<input type="checkbox"/>	<input type="checkbox"/>
c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor?		<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>

Auto Questions Continued

	Yes	No
7. Does your organization:		
a. Run Motor Vehicle Reports (MVRs) at the time of hire and annually , for all drivers <i>(including drivers of owned autos and non-owned autos, employees and volunteers)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
b. Run annual MVRs on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
9. 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 _____		
10. 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 _____		
11. 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"/>
12. Do you have a dedicated risk manager for your auto fleet?	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ Title _____		
Email _____ Phone _____		
13. 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		
14. Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , on how many vehicles? _____		
15. Who is your current telematics provider? _____		
16. 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 _____