

Supplemental Application for Automobile

Account Name: _____ Insurance Producer: _____

FEIN #: _____ US DOT #: _____

1. Describe how the following types of vehicles are used in your business? Also identify radius of operation.

	<i>Est. Annual Mileage per vehicle</i>	
Private Passenger _____	_____	_____
Passenger vans _____	_____	_____
Light Trucks _____	_____	_____
Medium Trucks _____	_____	_____
Heavy/Extra Heavy Trucks _____	_____	_____
Tractors/Trailers _____	_____	_____

Are any of the trucks used for snow plowing roads or parking lots? **yes** **no** **If yes, provide details.** _____

2. Approximately what percentage of the time do your commercial vehicles travel in excess of 50 miles per trip (one way)? _____% In excess of 200 miles per trip (one way)? _____%

3. How many power vehicles (exclude trailers), were in your fleet in the past?

of autos one year ago _____ # of autos two years ago _____

of autos three years ago _____ # of autos four years ago _____

4. Identify which of the following driver hiring criteria you have in place:

- | | | | |
|---|-----|----|-----------------------------|
| 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 | N/A |
| f. Road Test given prior to hire? | yes | no | |
| g. Orientation in vehicle with experienced driver? | yes | no | |
| if yes, for what period of time? _____ | | | |
| h. Number of drivers under age 25 _____ | | | |
| Total # of company drivers: _____ | | | Total # of employees: _____ |
| # of company drivers employed less than one year? _____ | | | |
| i. Minimum # of years of driving experience required on like equipment? _____ | | | |
| j. How long have all of these procedures been in place? _____ | | | |

Describe your standards for an acceptable MVR below or attach copy of criteria:

Is your MVR Criteria above in writing and always followed? yes no If exceptions are ever made, please describe: _____

Any other actions taken with regards to driver hiring, selection, or training?

5. **Is there a formal accident review program in place?** yes no
If yes, please describe: _____

How long has this program been in place? _____

6. **Is there a progressive discipline policy for drivers involved in serious or multiple accidents / violations, etc?** yes no
If yes, please describe _____

How long has this policy been in place? _____

7. **Do you provide safety incentive awards?** yes no
If yes, please describe: _____

How long has this program been in place? _____

8. **Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives?** yes no
If yes, please describe _____

How long has this policy been in place? _____

How often/when is it communicated to your employees? _____

Is this policy in writing? yes no
If yes, please forward a copy.

9. **As part of your personal use policy, do you allow employees or executives to use company-insured vehicles for non-business (personal) use?** yes no
If no, skip to question 10.

Is personal use restricted to certain employee types (e.g., management only)? yes no
If yes, describe:

Do you allow the authorized users' spouse to use the company vehicle? yes no
Do you allow the authorized users' children to use the company vehicle? yes no
Are there any family members under age 21 given permissive use? yes no

On a separate page, please provide the name, date of birth and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

10. **Do any of your employees use their own vehicles in the course of employment, twice a week or more?** yes no

If yes:

How many employees do this on a regular basis? _____
 Do you check their MVRs and use the MVR criteria mentioned above? yes no
 Do you require certificates of insurance to make sure employees are carrying personal auto coverage including bodily injury liability coverage? yes no
 If yes, how often do you request certificates? _____
 Do you require the employee to carry a minimum limit of liability? yes no
 If yes, what minimum limit is required? \$ _____
 Do you make sure any 'business use' exclusion on their policy is deleted? yes no

11. **Do you rent or lease vehicles for your use on a short term basis (daily/weekly/monthly)?** yes no

If yes, please describe this exposure and the length of the rentals/leases:

How many times per year is this done?

What type of vehicles do you rent or lease? _____

Do you ever rent or lease vehicles WITH drivers? yes no

If yes, how often and what are the vehicles used for? _____

Estimated annual cost of hire? _____

12. **Do you lease drivers from others?** yes no

If yes, how many drive your company owned (or long term leased) vehicles? _____

Does your MVR criteria apply to these drivers? yes no

Other controls you exercise over these drivers? _____

13. **Do you use owner operators to haul on your behalf?** yes no

14. **Are your vehicles on a preventive maintenance program?** yes no

Are pre/post trip inspections conducted on the heavy units? yes no

Are any vehicles equipped with GPS or similar systems? yes no

Are any vehicles equipped with speed governors? yes no If yes, maximum speed? _____

15. **Do you have any restrictions on the use of cell phones while operating company vehicles (hands-free device only, must pull off to side of road, etc) ?** yes no

if yes, please describe: _____

Thanks for your cooperation in completing this supplement to assist us in underwriting your account.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

Printed Name of Person Completing this Application:

Title of Person completing this application:

Signature:

Date: