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| **1. BUSINESS OPERATIONS** |
| **Name of Insured:**  Click here to enter text. |
| A. Do you operate your vehicles routinely in (check all that apply): [ ]  Urban settings [ ]  Suburban settings [ ]  Rural settings  [ ]  Highway/High Traffic conditions B. What is the average annual mileage by vehicle type for your operations? PPT: \_\_\_\_\_\_\_\_\_\_\_\_\_  Com'l Autos: Light \_\_\_\_\_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_\_\_ Heavy \_\_\_\_\_\_\_\_\_ Extra-Heavy \_\_\_\_\_\_\_\_\_  Public Autos: Van/Bus \_\_\_\_\_\_\_\_\_\_C. Which vehicles are equipped with backup alarms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D Which vehicles are equipped with Safety equipment such as backup cameras? (describe the safety equipment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E. Which vehicles are equipped with telematic devices that monitor driver behavior, driving locations, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F. What % of all trips include backhaul operations? \_\_\_\_\_\_\_ % Total backhaul mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe your backhaul operations, if any?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are the commodities you backhaul [ ]  More or [ ]  Less hazardous than what you haul outbound? Is the route you backhaul similar to your outbound route? [ ]  Yes [ ]  NoG. Do you operate your vehicles routinely outside the garaged state shown on the application? [ ]  Yes [ ]  No If yes, describe reasons for such out-of-state operations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_H. Do you have other ancillary operations not described in the application? [ ]  Yes [ ]  No If yes, describe the operations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I. Do you have a formal written program to prevent a distracted driver exposure? (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_J. Do you have a formal written maintenance program? [ ]  Yes [ ]  No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_K. Do you conduct driver and vehicle safety meetings, accident reviews, etc.? [ ]  Yes [ ]  No  If yes, describe your loss control program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_L. Do you have a safety director? [ ]  Yes [ ]  NoM. Describe your remedial driver action plan(s) for driver accidents and convictions?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| N. Do you have any Healthcare/Social Services Operations?  Do you provide any emergency transport?  Do you have any vehicles equipped with chair lifts?  Do you have any vehicles equipped as ambulettes?  If yes, describe ambulette service you provide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **2. DRIVER INFO** |
| A. Frequency of driver turnover during the past year: \_\_\_\_\_\_\_\_\_\_\_\_\_%B. How many new drivers were hired during the past year? \_\_\_\_\_\_\_\_\_\_\_\_\_ | C. Did you obtain MVRs on all new drivers?  | [ ]  Yes [ ]  No |
| D. What is the minimum experience level you require of drivers operating the type of equipment operated in your business? [ ]  None [ ]  6 months [ ]  I year or more  |
| E. How often do employees drive your vehicles for personal use? [ ]  Frequently [ ]  Occasionally [ ]  Never  If you permit personal use of your vehicles, what type of controls do you apply to such use: |
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| F. Has any driver been excluded, uninsured or self-insured from any previous coverage? [ ]  Yes [ ]  No |
|  If yes, please explain: |  |

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| **3. HIRED AUTOMOBILE LIABILITY** |
|  |  | **PPT** | **Trucks** | **Trailers** |
| **A.** How many vehicles hired or borrowed each year are driven by you or your employees? | **Rented** |  |  |  |
|  | **Leased** |  |  |  |
| For what purpose are the hired & borrowed vehicles used? |  |
| What is the average length of the hired/borrowed period for vehicles hired or borrowed by you or your employees? |
| What is the total annual cost for all hired & borrowed vehicles hired or borrowed by you or your employees? |
| **B.** Do you use hired sub-haulers or owner operators to haul goods for you? If yes, do you have a contract with the sub-haulers/owner operators that includes a Hold Harmless Agreement?  In whose favor is the Hold Harmless Agreement? [ ]  Your favor [ ]  Sub-Hauler/Owner-Operator's favor  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **C.** List the states where the vehicles are hired & borrowed. |  |
| **D.**  Who provides the primary insurance for the hired & borrowed vehicles? |  |
|  Are certificates of insurance obtained from the primary carrier? | [ ]  Yes [ ]  No |
|  Who reviews the rental contract? |  |
|  How are coverage, limits & carrier verified? |  |
| **4. NON-OWNED AUTO** |
| A. Number of Employees using their own vehicles for company business (include occasional or full-time use; i.e. sales, delivery mail pick up/delivery): How often do employees drive their own vehicles for company business? [ ]  Frequently [ ]  Occasionally [ ]  Never  For what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are they required to do so as a condition of employment? [ ]  Yes [ ]  No |
| **B.** Are MVR checks required on these employees? | [ ]  Yes [ ]  No |
|   If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who orders/checks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What standards apply for evaluating MVRs? What is considered acceptable/unacceptable? |
| **C.** What actions are taken if an employee’s driving record is considered unacceptable? |
| **D.** For those employees who use their own vehicles for company business (either full time or occasionally) does the applicant require the employee to carry primary limits? Are certificates of insurance obtained from the employee’s auto insurer? | [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No |
|  Who verifies coverage, limits and carrier? How will we know if an employee’s auto insurance lapses mid term? |
| **PLEASE ATTACH COPIES OF CURRENT MVRS FOR ALL POTENTIAL DRIVERS.**  |

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| **Signature of Authorized Representative Named Insured:** Click here to enter text. **Address:** Click here to enter text. |  |
| **Date** |  |