

# Automobile Supplemental Application



NAMED INSURED: \_\_\_\_\_ DATE : \_\_\_\_\_

## A. GENERAL INFORMATION

1. Is the Insured operations a  Profit  Not-For Profit
2. Complete description of all operations: \_\_\_\_\_
3. Are all vehicles scheduled on the submitted applications registered to a named insured included on the Acord 125 application for this submission? If not, please explain: \_\_\_\_\_

## B. VEHICLE INFORMATION

1. How many vehicles were in your fleet in the past?  
One year ago: \_\_\_\_\_ Two years ago: \_\_\_\_\_ Three years ago: \_\_\_\_\_ Four years ago: \_\_\_\_\_
2. Are keys to vehicles locked and secured away from non-drivers when not in use?  Yes  No
3. Are vehicles with 8 or more seating capacity equipped with an audible backup warning device?  Yes  No
4. Are 12-15 passenger vans loaded with more than 10 passengers?  Yes  No
5. Are vehicles operated by experienced drivers for type of vehicles?  Yes  No
6. For 12-15 passenger vans, is there a **Driver Certification Program** with a certificate issued and required to be shown prior to being given the keys to a vehicle. The keys or signage should indicate that only certified van drivers are authorized to drive the vehicle. Requirements for certification should include:
  - a. A review of MVR covering the last 5 years (subject to state requirements) and reviewed annually thereafter. If record is poor, the driver must not be certified.
  - b. Driver must have 6 years driving experience.
  - c. Drivers should receive some sort of Defensive Driving training specific to driving passenger vans. Training should be conducted at time of hiring and annually thereafter.
7. Do you require seat belts to be worn by all occupants, including the driver?  Yes  No
8. Is there a load distribution policy for 12-15 passenger vans?  Yes  No
9. Are trailers or roof-top cargo used with 12-15 passenger vans?  Yes  No
10. If 12 - 15 Passenger vans owned, is there a plan to replace them with smaller 7 passenger vans or larger "bus type" vans?  
 Yes  No
11. What is the radius % of trips? 0-50 miles: \_\_\_\_\_% 51-100 miles: \_\_\_\_\_% 100+ miles: \_\_\_\_\_
12. Are regular routes used daily?  Yes  No. If No, please explain routes: \_\_\_\_\_
13. Do you provide transportation for  Clients/Residents  Staff  Visitors/Public  Meals  
If yes for clients/residents, is more than one staff member required in the vehicle?  Yes  No
14. Do you transport clients/residents for other human service agencies?  Yes  No  
If yes, explain: \_\_\_\_\_
15. How are the drivers compensated?  Salary  Hourly  Per Trip
16. Do you provide any of the following services? If so please provide % of operation:  
Taxi  \_\_\_\_\_%      Limousine  \_\_\_\_\_%      Airport Services  \_\_\_\_\_%

**C. WHEELCHAIR / PASSENGER-CARE**

1. Are ALL persons involved in wheelchair transportation instructed in the proper use of securing equipment for all types of wheelchairs?  Yes  No
2. Does an attendant ride along with the wheelchair client?  Yes  No
3. What training is provided for passenger care? \_\_\_\_\_
4. Number of vehicles equipped to carry: Ambulatory only: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Stretcher: \_\_\_\_\_
5. What is the wheelchair securement system used? (e.g. "4-point tie down and forward facing") \_\_\_\_\_  
\_\_\_\_\_
6. Describe procedures followed if wheelchair is not standard: \_\_\_\_\_

**D. VEHICLE MAINTENANCE**

1. Describe the insured's vehicle maintenance program emphasize tire maintenance including a requirement for high quality, low mileage, properly inflated tires:  
\_\_\_\_\_  
\_\_\_\_\_
2. Where are the vehicles stored after hours? What security is provided?  
\_\_\_\_\_  
\_\_\_\_\_
3. Does the insured have the following controls in placed:  
Documentation of Repairs?  Yes  No  
Pre-Trip Inspections?  Yes  No  
Post-Trip Inspections?  Yes  No  
Periodic In-Depth Inspections?  Yes  No

**E. DRIVERS**

1. What are the minimum driver qualifications standards? \_\_\_\_\_
2. Do you obtain MVRs on all drivers?  Yes  No  
If yes, how often? \_\_\_\_\_  
All drivers on a periodic basis  Yes  No  
Random sampling of drivers?  Yes  No  
Who reviews MVRs and how often? \_\_\_\_\_
3. Do the minimum qualifications include the following for each driver: over 21, acceptable driving record and drug and alcohol screening?  Yes  No
4. What are the minimum years driving experience? \_\_\_\_\_
5. Driver turnover is best identified as:  <15%  between 10%-25%  between 25%-50%  >50%
6. Maximum number of violations permitted? \_\_\_\_\_
7. Maximum number of accidents permitted? \_\_\_\_\_

**Automobile Supplemental Application**



- 8. What are your procedures for dealing with driver accidents or violations? \_\_\_\_\_
- 9. Do any drivers have a CDL license?  Yes  No
- 10. Does anyone besides employees or volunteers drive your vehicles?  Yes  No  
If yes, explain: \_\_\_\_\_
- 11. Do you allow personal use of the agency vehicles?  Yes  No  
If yes, by whom and for what reasons? \_\_\_\_\_
- 12. Is there a driver safety training program in place?  Yes  No  
Please explain your program: \_\_\_\_\_
- 13. How often is training provided and by whom? \_\_\_\_\_
- 14. Is driver orientation given prior to employees/volunteers driving company vehicles?  Yes  No

**F. HIRED/NON-OWNED AUTOS**

- 1. Do employees/volunteers use their personal autos for work related purposes?  Yes  No  
If yes, how often do they use their vehicles and for what purposes?  
\_\_\_\_\_
- 2. Total Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_
  - a) How many drive personal vehicles for business use on a regular basis?  
FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
  - b) How many drive personal vehicles for business use on an occasional basis?  
FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
  - c) How many provide transportation for clients and how often?  
FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
- 2a. List regular drivers not included in your drivers list for owned vehicles or if there are non-owned vehicles.

Driver Number	Name	Date of Birth	Years of Experience	Year of License	Driver's License Number	State License	Hire Date

Complete ACORD 163 (Commercial Auto Driver Information Schedule) for additional drivers.

- 3. Do you have a written driver safety program? .....  Yes  No  
If yes, does it include a cell phone policy that prohibits the use of cell phones (includes texting) while driving?  Yes  No
- 4. Do you verify if employees carry personal auto liability insurance?  Yes  No

**Automobile Supplemental Application**



a) If yes, explain procedure \_\_\_\_\_

b) What limits do you require? \_\_\_\_\_

5. Carrier requires that employees driving personal vehicles on a \*regular basis carry personal liability limits of \$300,000 CSL and those that drive on an \*occasional basis carry personal liability limits of \$100,000 CSL. If you do not have these measures in place, are you willing to adopt these procedures?  Yes  No If so, when would they be implemented?

If not, explain why: \_\_\_\_\_

6. What evidence of auto insurance do you require from employees, owners or officers using their personal autos?

None  Certificate of Insurance  Auto ID Card Copy  Auto Policy Copy  Other

7. Do you:

a. Have formal written policy on personal usage that addresses acceptable business use of rented and personal vehicles? .....  Yes  No

b. Obtain motor vehicle record (MVR) verifications for employees that rent or use personal autos for your business? .....  Yes  No

c. Have disciplinary procedures for unacceptable MVRs? .....  Yes  No

d. Require there be no business use exclusion on the employees' personal auto policy? .....  Yes  No

8. What is your annual cost to rent autos? .....

9 What type of autos do you rent/hire?

Private Passenger  Pickup  Van  Other \_\_\_\_\_

9a. Hired or employed driver? \_\_\_\_\_ If hired, MVR checked? \_\_\_\_\_

10 Do your rental contracts require you to provide primary liability coverage? .....  Yes  No