

## **AUTOMOBILE SUPPLEMENTAL APPLICATION**

1.	Do you have a fleet safety program in place? Yes No  Please attach or explain.						
2.	Please provide type, use, description, cost new, garaging location, and I.D. numbers of all vehicles including trailers on the attached Auto Schedule on page 3, or you can attach an Acord auto application.						
3.	Please provide radius for each vehicle. If any long haul over 200 miles, provide zones for origination point and farthest destinations.						
4.	Do you engage in any hazardous material hauling? Yes No  If so, please explain:						
5.	Are family members allowed to drive company vehicles? Yes No						
6.	Are drivers' MVR's required upon hiring and checked annually?  Yes  No  Please attach current list of drivers.						
7.	What is your vehicle maintenance plan?						
8.	Where are vehicles stored when not in use?						
9.	Do you have a driver training program in place? Yes No Please explain:						
10.	Do you have an accident investigation procedure? Yes No  Please explain:						
11.	Please provide 4 years current loss runs.						
12.	What is the total number of employees driving their personal vehicles on company business?						
13.	Please describe what the vehicle(s) are being used for:						

14.	Does the insured require those employees who drive their own vehicles on company business to carry at least						
	\$300,000 CSL, \$100,000/\$300,000/\$50,000 or other minimum limits? Yes No						
	Other minimum limits: \$						
15.	Does the insured keep certificates of insurance on file noting the carrier and limits for these employees?  Yes No						
16.	Does the insured obtain and keep a record of MVRs for all employees that hire vehicles and those who drive their personal vehicles on company business?  Yes  No						
17.	What is the total cost of Hired Cars (rental cars) per year? \$						
18.	How many days are vehicles rented each year?						
19.	When renting vehicles, does the insured provide primary coverage on the vehicles? Yes No						
20.	Please describe any situation where the insured would be renting uncommon vehicles, such as large trucks or high valued vehicles.						
21.	Does insured have a corporate policy indicating who may drive hired and non-owned vehicles, consequences for unfavorable driving records, requirements for maintaining minimum insurance limits, etc.?  Yes  No  Please describe in detail or provide us the copy.						
22.	Does the insured have a cell phone safety policy that prohibits the use of cell phones while driving or the use of hand held devices?  Yes  No						
23.	Are any filings needed (MCS-90, etc.)? Yes No Please explain:						
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## Vehicle Schedule

Auto No.	Description (Year, Make, Model, VIN)	Cost New	Garage Location (City/State/Zip)	Radius and/or To/From Zones	Business Use (Service, Retail, Commercial)	Weight
		<u>.                                    </u>				