

Automobile Supplemental

Advisor: _____

Applicant/Insured: _____

Additional Named Insured(s): _____

General Information

1. Number of employees: _____
2. Percentage of radius of vehicles:
Within 50 miles ____% Between 50-200 miles ____% Over 200 miles ____%
3. Do you use any road observation service or surveillance devices to monitor employee driving? Yes No
4. What percentage of your vehicles are equipped with GPS or Telemetric devices? _____%
5. Do you have written driving rules and policies? Yes No
If **Yes**, are all drivers required to follow? Yes No
6. Are any restrictions in place on the use of cell phones while operating company vehicles? Yes No
If **Yes**, are they included in the written rules and policies? Yes No
7. Do you provide transportation for your employees to work, job sites, or other locations? Yes No
8. Are any vehicles titled in the company's name, but not insured on this policy? Yes No
9. Are the vehicles titled in any name other than the named insured(s) shown on the policy? Yes No
10. Are any vehicles leased, rented or loaned to others? Yes No
11. Are any vehicles ever used "for hire" to haul for others? Yes No
12. Where are vehicles stored while not in use? _____

Personal Use

1. Do employees drive company vehicles home? Yes No
2. Is there any personal use of vehicles? Yes No
3. Are family members, friends, or others allowed to drive company vehicles? Yes No
4. Are passengers, other than company employees, including family members, friends or others, allowed to ride in company vehicles? Yes No
If **Yes** to questions 1-4, explain degree: _____

Non-Owned

If employees use their own vehicles for company business complete the questions below:

1. How many employees use their own vehicles? _____
2. Describe the nature of use of employee vehicles: _____

3. What automobile limits do you require your employees to maintain? _____

Aftermarket Equipment/Wraps Installed

1. Are vehicles enhanced with vehicle wraps or custom paint? Yes No
 2. Are vehicles outfitted with aftermarket equipment? (Ex: ladder racks, storage bins, electronic equipment, etc.) Yes No
- If **Yes**, describe and provide an estimate of the cost per vehicle.

Driver(s)/ Driver(s) Records (MVRs)

1. Any drivers with less than 3 years of driving experience? Yes No
If **Yes**, please list: _____
2. Are any drivers under the age of 21? Yes No
3. If **Yes**, please list: _____
4. Are written applications required? Yes No
5. Do all applicants driving vehicles that require a CDL take a road test prior to hiring? N/A Yes No
6. Do you require the drivers who operate vehicles requiring a CLD to have a CDL minimum of 3 years? Yes No
7. Do you have a drug-testing program? Yes No
8. Do you maintain a driving record file for each driver? Yes No
9. How often do you obtain MVRs on all drivers, including new drivers? Yes No
10. Do you have written guidelines established for an acceptable MVR that you follow? Yes No
11. Who manages your MVR program? Yes No

Accident Procedures

1. Are there accident reporting procedures for all drivers? Yes No
2. Are all accidents reviewed to determine the cause and corrective action plan developed? Yes No
3. Do you order an MVR on the driver after an accident? Yes No

Preventative Measures

- 1. Please describe your maintenance program: Internal External
- 2. If internal, are any formal certifications held by employees who service the vehicles? Yes No
- 3. Are records maintained for each vehicle? Yes No
- 4. Do you follow the suggested manufacturer's vehicle maintenance schedule? Yes No