



COMMERCIAL AUTO QUESTIONNAIRE

Date Prepared: _____

Insured's FEIN Number: _____

Please include the Acord Business Auto Application with this supplement.

Desired Effective date: _____

Please attach a complete driver's list of all persons authorized to drive vehicles or transport passengers on a regular basis.

1. Are all drivers at least 21 years of age? Yes No
a) If no, indicate the number of drivers under age 21 _____
2. Do you have any drivers who are not residents of the U.S. Yes No
3. Do you give all drivers a driving test in a vehicle of the type they will be operating: Yes No
4. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced? Yes No
5. Do you require each driver to inspect the vehicle prior to transporting? Yes No
6. Is coverage desired for physical damage on hired or rented vehicles? Yes No
a) If yes, what type of vehicle do you hire or rent?
Vans
Buses
Other
b) What is the total annual cost of hire for all vehicles? _____
7. Do you transport passengers other than company employees? Yes No
If **yes**, please complete the following:
a) Do you have a fleet safety management program in place? Yes No

- b) Do you allow volunteers to drive agency-owned vehicles? Yes No
- c) Do you require drivers to participate in a driver training program? Yes No
- d) Are any of your vehicles fitted with wheelchair lifts? Yes No
- e) Does your driver training program include proper passenger loading/unloading techniques? Yes No
- f) Do you have an accident investigation procedure in place? Yes No
- g) What percentage of use of your vehicles involves client transport? _____
- h) Do you contract with a transportation company that provides vehicles and drivers? Yes No
- h) Do you collect a certificate of Auto Liability insurance from the transportation company? Yes No
8. When transporting passengers in buses or vans, is there at least one employee or volunteer along in addition to the driver to supervise the riders? Yes No
9. Do any employees or volunteers transport other passengers in their own vehicles?
 a) If yes, how often? _____
 b) For what purpose? _____
10. Do you participate in a state MVR pull program or run Motor Vehicle Record checks on all employees and volunteers who drive an agency vehicle or personal auto on agency business? Yes No
11. What limits of personal auto liability insurance do you require employees and volunteers who routinely use a personal auto on agency to carry? _____

Signature of Applicant: _____ Date: _____
 Signature of Agent: _____ Date: _____