

Business Auto Supplemental Questionnaire

Named Insured: _____
Key Contact: _____
SIC Code: _____
Business Phone: _____
Website: _____

Submission Requirements

- Completed ACORD Application including the Business Auto Section
- Current vehicle list with 17-digit VINs
- 3-5 years documented loss history
- Drivers List and copies of current MVRs

Section 1 - General Information

1. Are any scheduled vehicles registered to individuals and not used in the business? Yes No
If Yes, which vehicle(s) and who are they titled to and used by? _____

2. Are any vehicles owned or leased by your company NOT on this schedule? Yes No
3. Do operations involve transporting hazardous materials? Yes No
If Yes, please describe which Federal or State Filings are required: _____

4. Do operations involve hauling or backhauling for others? Yes No
If Yes, please describe: _____

Section 2 - Driver Management

1. Does the insured obtain a MVR on each driver prior to hiring and annually thereafter? Yes No
2. Does the account have a driver recruiting method? Yes No
3. Is there any personal use of company vehicles? Yes No
If Yes, is a policy in place restricting personal use of company vehicles? Yes No
If Yes, is it a written policy on personal use of company vehicles restricting use to the assigned driver? Yes No
If No, is it a verbal policy on personal use of company vehicles restricting use to the assigned driver? Yes No

Section 3 - Fleet Safety Management

1. Is there a formal safety program in effect? Yes No
If Yes, please briefly describe and/or attach a copy of the safety program. _____

2. How often are safety meetings held? _____
3. Is there a safety incentive program in place and is auto included in the program? Yes No
4. Do drivers perform daily maintenance checks on ALL vehicles? Yes No

Section 4 - Non-Owned Auto

1. Do any drivers use their own personal vehicle regularly on company business? Yes No

Note: Regular means use of their personal vehicle daily and it is a part of their job responsibility, (i.e. salespersons, job superintendents)

2. If Yes, does the insured monitor existence of their own personal insurance and at what limits?
