

Named Insured: _____ Key Contact: _____
 SIC Code/Classification: _____ Business Phone Number: _____
 Email: _____ Website: _____
 Completed by & Date: _____ Year Business Started: _____

Submission Requirements

- Completed ACORD Application Including the Business Auto Section
- Current vehicle list with complete 17 digit VINs
- 4-5 years documented loss history
- Drivers List

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. Please list other filing required: _____

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

6. Historical vehicle count (excluding trailers):
 Current Year _____ 1st Prior Year _____ 2nd Prior Year _____ 3rd Prior Year _____

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. For personal use of company vehicles, please indicate which applies (select one):

There is a written policy on personal use of company vehicles restricting use to the assigned driver.....

There is a verbal policy on personal use of company vehicles restricting use to the assigned driver.....

There is no personal use of company vehicles.....

There is no policy in place restricting personal use of company vehicles.....

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? Yes No

4. Is auto included in the program? Yes No

5. Is there an accident review procedure in place? Yes No

6. 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 to 1. above, does the insured monitor existence of their own personal insurance and at what limits? _____