



# AUTOMOBILE QUESTIONNAIRE

ATTACH FIVE (5) YEAR LOSS HISTORY TO APPLICATION

**AUTO ACORD APPLICATION REQUIRED**

Church Name: \_\_\_\_\_

## DRIVER SELECTION INFORMATION

**Yes**      **No**

- |   |       |       |
|---|-------|-------|
| 1. Are MVR's obtained on newly hired drivers?   | _____ | _____ |
| 2. Are MVR's obtained annually on all drivers?  | _____ | _____ |
| 3. Do you have hiring standards for drivers?  | _____ | _____ |
| 4. Do you have driver selection criteria?<br>If yes, please describe.   | _____ | _____ |
| 5. Are there any drivers under age 21 or over age 70 that transport children?   | _____ | _____ |
| 6. Is there a formal vehicle maintenance program?<br>Please describe, include frequency and who performs maintenance                                      | _____ | _____ |
| 7. Do employees/volunteers use their own vehicles to transport children?<br><br># employees using own vehicles<br># volunteers using own vehicles         | _____ | _____ |
| 8. Are employees/volunteers required to show evidence of insurance on<br>their personal vehicles?   | _____ | _____ |
| 9. Does the Insured require a minimum limit of 100/300 or 300 C.S.L. for all<br>employees/volunteers who use their own vehicles on behalf of the insured? | _____ | _____ |
| 10. Are all bus drivers required to have commercial licenses?   | _____ | _____ |
| 11. Are van or bus drivers required to have a minimum of 3 years of experience<br>with this type of vehicle?<br>Explain:                                  | _____ | _____ |
| 12. When transporting small children are bus monitors utilized?   | _____ | _____ |
| 13. Are at least two adults present at all times with children?   | _____ | _____ |

### VEHICLE SCHEDULE

- PLEASE IDENTIFY ANY VEHICLE WITH SPECIAL APPARATUS (e.g.: WHEELCHAIR LIFT)

YEAR	MAKE & MODEL	COST NEW	#OF PASS	GARAGED	RADIUS	GVW

### DRIVER INFORMATION

DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE OF LICENSE

Please provide a description of any auto loss over \$10,000 in the last five years.

Please explain any other aspect of this automobile risk which you believe would be helpful in our underwriting or pricing activities.

COMPLETED BY \_\_\_\_\_ DATE: \_\_\_\_\_