

Automobile Supplemental Questionnaire

Named Insured: \_\_\_\_\_

**A. AUTOMOBILES**

1. Are **Vehicles** and **Keys** locked and secured when not in use?  Yes  No
2. Are vehicles with seating capacity of 8 or more equipped with an audible backup warning device?  Yes  No
3. Are vehicles only operated by drivers who are experienced and/or trained for the class of vehicles they are operating?  Yes  No
4. Do you require seat belts to be worn by all occupants, including the driver?  Yes  No
5. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger?  Yes  No
6. What is the radius of most trips? \_\_\_\_\_
7. Are regular routes used daily?  Yes  No
8. Do you provide transportation for  Clients/Residents  Staff  Visitors/Public  Meals  
If yes for clients/residents, is more than one staff member required in the vehicle?  Yes  No
9. Do you transport clients/residents for other human service agencies?  Yes  No  
If yes, explain \_\_\_\_\_
10. Do you have field trips?  Yes  No If yes, do you provide the transportation?  Yes  No  
If you do not provide the transportation, how is it provided? \_\_\_\_\_
11. Explain your vehicle maintenance program: \_\_\_\_\_  
\_\_\_\_\_

**B. DRIVERS**

1. Is there a driver safety and training program in place? \_\_\_\_\_, if so please describe  
\_\_\_\_\_
2. Who provides the training? \_\_\_\_\_ How many hours annually? \_\_\_\_\_
3. Do you obtain MVR records for all drivers? \_\_\_\_\_ How frequently? \_\_\_\_\_
4. Describe your standards for the following: a) minimum required number of years driving experience \_\_\_\_\_,  
b) minimum age of driver \_\_\_\_\_, (**Question not applicable in PA.**) c) maximum # of moving violations \_\_\_\_\_,  
d) maximum number of accidents \_\_\_\_\_, drug and alcohol screening frequency \_\_\_\_\_.
5. Who reviews MVRs and how often? \_\_\_\_\_
6. Do you have an accident investigation procedure? Please describe:  
\_\_\_\_\_
7. How many drivers (employees and volunteers) aged 21-25 transport clients in agency vehicles?  
(**Question not applicable in PA.**) \_\_\_\_\_
8. Do any drivers have a CDL license?  Yes  No
9. Does anyone besides employees or volunteers drive your vehicles?  Yes  No If yes, explain: \_\_\_\_\_
10. Do you allow personal use of the agency vehicles?  Yes  No If yes, by whom and for what reasons? \_\_\_\_\_

**C. HIRED/NON-OWNED AUTOS**

1. Do employees/volunteers use their personal autos for work related purposes?  Yes  No  
If yes, how often do they use their vehicles and for what purposes? \_\_\_\_\_
2. Total Number of Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ Volunteers \_\_\_\_\_
  - a) How many drive personal vehicles for business use on a regular basis? FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
  - b) How many drive personal vehicles for business use on an occasional basis? FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
  - c) How many provide transportation for clients and how often? FT \_\_\_\_\_ PT \_\_\_\_\_ Vol. \_\_\_\_\_
3. Do you verify if employees carry personal auto liability insurance?  Yes  No If yes, explain procedure \_\_\_\_\_  
\_\_\_\_\_ What limits do you require? \_\_\_\_\_
4. Carrier requires that employees driving personal vehicles on a regular basis carry personal liability limits of \$300,000 CSL and those that drive on an occasional basis carry personal liability limits of \$100,000 CSL. If you do not have these limits in place, are you willing to adopt them procedures?  Yes  No If so, when would they be implemented? \_\_\_\_\_  
If not, explain why \_\_\_\_\_
5. Do you hire vehicles?  Yes  No How often? \_\_\_\_\_ Annual cost of hire? \_\_\_\_\_
6. What type of vehicles are hired? \_\_\_\_\_ For what purpose? \_\_\_\_\_ How many passengers? \_\_\_\_\_

**D. VANS (to be completed only if you operate 15 passenger vans.)**

1. How many 15 passenger vans are in your fleet? \_\_\_\_\_
2. Are your drivers 'Passenger Van Certified'? Yes  No
3. If not would you be willing to have them participate in a computer based training program? Yes  No
4. Minimum number of years driving experience required? \_\_\_\_\_  
[Recommended minimum 6 years experience.]
5. Do you review driving records for the prior 3-5 years annually for all 15 passenger van drivers? Yes  No
6. Do you prohibit towing trailers or roof top storage on all 15 passenger vans? Yes  No
7. Are all occupants and drivers required to wear seat belts? Yes  No
8. What is the radius of most trips? [Recommend maximum 250 mi. one way.] \_\_\_\_\_
9. Do you prohibit cell phone use while driving? Yes  No
10. Do you anticipate further use of additional 15 passenger vans? Yes  No
11. Do you anticipate phasing out use of 15 passenger vans? Yes  No

\_\_\_\_\_  
(Signature of Executive Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print or type name)