



# Business Auto Supplemental Questionnaire

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

Key Contact: \_\_\_\_\_

SIC Code/Classification: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Submission Requirements

- Completed ACORD Application Including the Business Auto Section
- Current vehicle list with complete 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. For personal use of company vehicles, please indicate which applies:
  - 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 and is auto included in the program?  Yes  No
4. Do drivers perform daily maintenance checks on ALL vehicles?  Yes  No

### Section 3 – 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? \_\_\_\_\_