Affinity Nonprofits

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HIRED AND NON-OWNED AUTO QUESTIONNAIRE

HIRED AUTO

1. For what purpose, do you require hired autos?_____

_____

2. Average number of hired autos rented/leased annually: _____
3. Type of autos rented/leased: _____
4. Total number of employees: _____
5. Average term of lease/rental agreement: _____
6. Estimated cost of hired autos for this year: _____
7. Minimum liability limits required: _____

NON-OWNED AUTO

8. Do you have existing Auto coverage with another carrier? ☐ Yes ☐ No
9. Do you require minimum limits of liability of $100,000 for any employee or volunteer that drives their vehicle on your behalf? ☐ Yes ☐ No

If not, what limits are employees required to carry? _____

10. Do you obtain a copy of their Declarations Page or Certificate of Insurance and update it annually? ☐ Yes ☐ No
11. Total number of employees: _____
12. Total number of non-owned autos used in your business: _____
13. Will non-owned autos other than private passenger types, pickups or vans be used? ☐ Yes ☐ No

If yes, please describe autos and how they will be used:_____

14. Are clients transported in personal vehicles? ☐ Yes ☐ No

If yes, how many weekly transports?_____

What percentage of insured's services is related to patient transportation?_____

15. Does insured run errands on behalf of your clients in employees personal vehicles? ☐ Yes ☐ No
16. Are employees allowed to use clients vehicles? ☐ Yes ☐ No
17. Are non-owned autos likely to be operated beyond 50 miles? ☐ Yes ☐ No

If yes, how often and why? _____

16. Indicate the total number of volunteers furnishing autos for your operation:_____

Maximum number of volunteers at one time:_____

17. How often are non-owned autos used in your business? ☐ Daily ☐ Weekly ☐ Monthly
18. Do you have formal driving rules/regulations surround acceptable transport, seatbelt and mobile phone use, maintenance policies, accident reporting policies, safe driving rules, etc in place? ☐ Yes ☐ No
19. It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf? ☐ Yes ☐ No
20. Please describe your procedure for evaluating MVR's to identify unacceptable or marginal drivers:_____

_____

21. Have you had any non-owned auto losses in the past five years? ☐ Yes ☐ No

(If yes, please attach current loss runs.)

_____
Date Signed

_____
Signature of Applicant

_____
Name and Title