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Zurich Agency Services

AUTOMOBILE QUESTIONNAIRE ATTACH FIVE (5) YEAR LOSS HISTORY TO APPLICATION **AUTO ACORD APPLICATION REQUIRED**

Named Insured: _____

DRIVER SELECTION INFORMATION

1. Are MVR's obtained on newly hired drivers? Yes No
2. Are MVR's obtained annually on all drivers? Yes No
Who is responsible for driver selection? _____
3. Do you have hiring standards for drivers? Yes No
4. Do you have driver selection criteria? Yes No
If yes, please attach a copy.
5. Are there any drivers under age 21 allowed to operate an agency owned vehicle? Yes No
Are there any drivers over age 65? Yes No
If yes, have above drivers been licensed for at least 3 years? Yes No
Do any of the above drivers transport clients? Yes No
3. Who monitors the MVR's? _____
4. Is there a written fleet safety program? Yes No
Who is responsible for driver training? _____
Please attach a copy of your fleet safety manual. _____

5. Is there a formal accident investigation program? Yes No
Who is responsible for the investigation? _____
6. Is there a formal vehicle maintenance program? Yes No
Who is responsible for maintenance? Yes No
Who performs maintenance? _____

What is the frequency of vehicle maintenance? Daily Weekly Monthly
 Quarterly Semi-Annually Annually

Where are maintenance records retained? _____
Are drivers required to report deficiencies? Yes No
7. Do employees/volunteers use their own vehicles to transport clients? Yes No

employees using own vehicles _____
volunteers using own vehicles _____
8. Are the same safety requirements extended to non-owned vehicles used to transport clients? Yes No

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This
Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries**

9. Are employees/volunteers required to show evidence of insurance on their personal vehicles? Yes No

Please explain what purposes Employees or Volunteers use their own vehicles on behalf of the insured.

10. Does the Insured obtain Motor Vehicle Records (MVRs) for all Employees/Volunteers who use their own vehicles on behalf of the Insured? Yes No
If yes, what are the Insured's guidelines for determining an acceptable driver vs. an unacceptable driver?

11. Does the Insured obtain evidence of Insurance on all Employees/Volunteers who use their own vehicles on behalf of the insured? Yes No

If yes, what type of evidence does the Insured obtain (e.g., certificates, copies of individual policies, etc.)?

How frequently is the information updated? _____

Does the Insured require a minimum limit of 100/300 or 300 C.S.L. for all Employees/Volunteers who use their own vehicles on behalf of the insured? Yes No

12. Please check those programs applicable to this risk:

- | | |
|--|---|
| <input type="checkbox"/> Defensive Driver Training | <input type="checkbox"/> Primary First Aid Training |
| <input type="checkbox"/> Passenger Assistance Training | <input type="checkbox"/> Basis Transportation Operation |
| <input type="checkbox"/> Over Age 55 Training | <input type="checkbox"/> Fleet safety |

10. Are all bus drivers required to have commercial licenses? Yes No

13. Are van or bus drivers required to have a minimum of 3 years of experience with this type of vehicle? Yes No
Explain: _____

12. Are routine bus routes taken? Yes No
If yes, From: _____
To: _____

13. Are any routes taken beyond a 50 mile radius? Yes No
If yes, please explain: _____

14. How often are passengers transported?
 Daily Weekly Other _____

15. When transporting small children are bus monitors utilized? Yes No

16. Are at least two adults present at all times with children? Yes No

17. Are very strict times & routes enforced? Yes No

VEHICLE SCHEDULE

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

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

DRIVER INFORMATION

PRIMARY DRIVER NAME	DATE OF BIRTH	LICENSE NUMBER	STATE OF LICENSE

CLAIMS

YEAR	AUTO LIABILITY	AUTO PHYSICAL DAMAGE	NUMBER OF CLAIMS
	RESERVE _____ PAID _____	RESERVE _____ PAID _____	
	RESERVE _____ PAID _____	RESERVE _____ PAID _____	
	RESERVE _____ PAID _____	RESERVE _____ PAID _____	
	RESERVE _____ PAID _____	RESERVE _____ PAID _____	
	RESERVE _____ PAID _____	RESERVE _____ PAID _____	

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.

AGENCY NAME _____

COMPLETED BY _____ DATE: _____

Send to:
 Zurich Agency Services
 118 South Clinton Street – Suite 350
 Chicago, IL 60661
 Toll-Free: 877-447-7286
 Fax: 312-879-9300