

# Z A S

## 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.

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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?

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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.)?

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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



**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:  
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