



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



AUTO QUESTIONNAIRE

Name of organization: _____

Website address (URL): www._____

1. Does your organization own or lease vehicles? YES NO
2. Are all owned or leased vehicles being submitted to us for coverage? YES NO
If yes, attach Acord Auto applications.
3. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
 - a. More than 2 moving violations and/or accidents within a 3 year period YES NO
 - b. Reckless driving, DUI or any felony driving conviction within a 5 year period YES NO
4. Is **hired auto liability** coverage desired? YES NO
If yes, does your annual vehicle rental expense exceed \$2,500? YES NO
If yes, what is your annual vehicle rental expense? _____
5. Is **non-owned auto liability** coverage desired? YES NO
If yes,
 - a. Total number of: _____ **employees** _____ **volunteers**
 - b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Home visitation			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Home meal delivery			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments _____

Completed by: _____ Date completed: _____

