

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

Supplemental Application for Automobile

Account Name: _____ Insurance Agent: _____

Name and Title of person completing this application: _____

1. Describe how the following types of vehicles are used in your business? Also identify radius. *Est. Annual Mileage*

Private Passenger	_____	_____
Light Trucks	_____	_____
Medium Trucks	_____	_____
Heavy/Extra Heavy Trucks	_____	_____
Tractors/Trailers	_____	_____

2. Approximately what percentage of the time do your commercial vehicles travel in excess of 50 miles per trip (one way)? _____ % In excess of 200 miles per trip (one way)? _____ %

3. How many vehicles, excluding trailers, were in your fleet in the past?

# of autos one year ago _____	# of autos two years ago _____
# of autos three years ago _____	# of autos four years ago _____

4. Do you have driver hiring criteria in place? yes no

If yes, does it include the following:

a. MVRs checked prior to hire? yes no

At least annually thereafter? yes no

b. Physical exams at time of hire? yes no

c. Drug / Alcohol testing at time of hire? yes no

d. Reference checks? yes no

e. Require CDL when applicable? yes no not applicable

f. Road Test given prior to hire? yes no

g. Orientation in vehicle with experienced driver? yes no ; if yes, how long? _____

h. Number of drivers under age 25 _____ over age 60 _____

Total # of drivers: _____

of drivers employed less than one year ? _____

i. Minimum # of years of driving experience required on like equipment? _____

j. How long have all of these procedures been in place? _____

Describe your standards for an acceptable MVR below:

Any other actions taken with regards to driver hiring or selection? _____

5. **Is there a formal accident review procedure in place?** yes no

If yes, please describe: _____

How long has this procedure been in place? _____

6. **Is there a progressive discipline policy for drivers involved in serious or multiple accidents / violations, etc?** yes no

If yes, please describe: _____

How long has this policy been in place? _____

7. **Do you provide safety incentive awards?** yes no

If yes, please describe: _____

How long has this program been in place? _____

8. **Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives?** yes no

If yes, describe: _____

How long has this policy been in place? _____

How often/when is it communicated to your employees? _____

Is this policy in writing? yes no If yes, please forward a copy.

9. **As part of your personal use policy, do you allow employees or executives to use company-insured vehicles for non-business (personal) use?** yes no

If no, skip to question 10.

Is personal use restricted to certain types of employees (e.g., management only)? yes no

if yes, describe: _____

Do you allow the authorized users' spouse to use the company vehicle? yes no

Do you allow the authorized users' children to use the company vehicle? yes no

Are there any family members under age 21 given permissive use? yes no

On a separate page, please provide us with the name, date of birth and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

Please describe the extent of personal use, if use is restricted in some way (e.g., emergencies only):

10. **Do any of your employees use their own vehicles in the course of employment?** yes no
 If yes:
 How many employees do this on a regular basis? _____
 Do you require certificates of insurance to make sure employees are carrying personal auto coverage including bodily injury liability coverage? yes no
 If yes, how often do you request certificates? _____
 Do you require the employee to carry a minimum limit of liability? yes no
 If yes, what minimum limit is required? \$ _____
11. **Do you rent or lease vehicles on a short term basis (daily, weekly, or monthly)?** yes no
 If yes, please describe this exposure and the length of the rentals/leases: _____

 How many times per year is this done? _____
 What type of vehicles do you rent or lease? _____
 Do you ever rent or lease vehicles WITH drivers? yes no
 if yes, how often and what are the vehicles used for? _____
 Estimated annual cost of hire? _____
12. **Total # of employees?** _____ **Total # of employees in Ohio?** _____
13. **Do you have any vehicles registered in Ohio?** yes no
 If yes, how many? _____ Please make sure they are identified as such on the vehicle schedule.
14. **Do you have any restrictions on the use of cell phones while operating company vehicles (hands-free device only, must pull off to side of road, etc) ?** yes no
 if yes, please describe: _____

Thanks for your cooperation in completing this supplement in order to assist us in underwriting your account.