



**Health Care**  
**Commercial Automobile Exposure Questionnaire**

Policy / Quote Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Named Insured: \_\_\_\_\_  
Domicile State: \_\_\_\_\_ States with HNOA Exposure (If Any): \_\_\_\_\_  
Number Of Employees: \_\_\_\_\_ Number Of Volunteers: \_\_\_\_\_

**FLEET SAFETY**

- Does your organization:
  - Maintain driver qualification criterion?  Yes  No
  - Obtain / Review MVR's?  Yes  No
- Does your organization:
  - Allow non-owned automobiles to be used in connection with the business of your organization?  Yes  No
  - If yes, do you maintain a formal policy addressing the use of non-owned automobiles used in connection with the business of your organization?  Yes  No
- What is your organizations policy relative to personal use of owned automobiles by assigned drivers? (Check One)
  - Primary driver assigned the automobile **can not** use the automobile for personal use
  - Primary driver assigned the automobile **can** use the automobile for personal use
  - Primary driver assigned the automobile and their immediate family **can** use the automobile for personal use

**OWNED AUTOMOBILE EXPOSURE**

- What type of automobiles does your organization own?
 

Private Passenger:  Yes  No    Light Trucks:  Yes  No

Medium Trucks:  Yes  No    Para-Transit:  Yes  No

Other:  Yes  No    Identify Other: \_\_\_\_\_
- Does your organization own, lease or rent automobiles with **Mechanical Lifts**?  Yes  No
  - If yes, provide make(s), model(s), year(s):
 

<u>Vehicle Make</u>	<u>Vehicle Model</u>	<u>Vehicle Year</u>
- Does your organization:
  - Provide **Non-Emergency / Para-Transit Transport**?  Yes  No
  - If yes, average number of trips per month? \_\_\_\_\_
  - If yes, average distance of Transport Operations? \_\_\_\_\_
  - If yes, Maximum number (per automobile) of individuals transported at any one time? \_\_\_\_\_
  - If yes, have drivers received Loading / Unloading / Transport / Defensive Driving training?  Yes  No

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4. Company has telematics/GPS on vehicles and uses it to monitor driver behaviors?  Yes  No

**NON-OWNED AUTOMOBILE EXPOSURE**

**Please complete the following charts, indicating number of employees and volunteers that may use their personal vehicles on behalf of your organization. Please include each individual only in the one category that is most descriptive of their usage.**

Number of Volunteers \_\_\_\_\_  
 Number of Employees \_\_\_\_\_  
 Usage \_\_\_\_\_ Average trips per wk (total for all employees & volunteers) \_\_\_\_\_  
 Annual MVR required? **YES  NO**   
 Proof of personal auto insurance required on a renewal basis? Limits equal/greater than \$100,000 \$300,000 or \$300,000 combined single limit? \_\_\_\_\_

	<b>Volunteers</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Employees</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Company</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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 Clients	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"/>
Other _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

1. What personal automobile insurance limit is required of employees or volunteers using their personal automobiles on behalf of your organization?

Not Required  Statutory Minimum  Other: \_\_\_\_\_

2. Is non-owned mileage reimbursed?  Yes  No  
 - If yes, what was the mileage reimbursed for the last fiscal year? \_\_\_\_\_

**HIRED AUTO EXPOSURE**

1. Are automobiles regularly leased, hired, rented or borrowed for use on behalf of your organization?  Yes  No

2. If yes, for what purpose are they leased, hired rented or borrowed? \_\_\_\_\_

- How frequently are automobiles leased, hired, rented or borrowed?  Daily  Weekly  Monthly

3. Estimated annual "Cost of Hire"? \_\_\_\_\_

**DRIVE OTHER CAR (DOC) EXPOSURE**

1. Is DOC coverage being provided?  Yes  No

2. If yes, provide employee name(s) and if applicable, name(s) of resident spouse. Are MVR's obtained on employee(s), resident spouse?

Employee	Spouse	MVR's	
		Yes	No

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