

Supplemental Application

HIRED AND NON-OWNED AUTO QUESTIONNAIRE

GENERAL INFORMATION

1. Total # of employees: _____
2. Employees are predominantly driving their own personal vehicles for business purposes Yes No
3. Employees are predominantly renting/hiring vehicles for business use Yes No
4. Employees are operating vehicles outside the US Yes No
5. Employees are required to purchase rental insurance when traveling outside the US N/A Yes No
6. Hired rentals: # rental days/year _____ \$ _____ annually
7. Non-owned average radius of travel & frequency: (personal vehicles used for business)
 <25 miles 25–100 miles >100 miles Daily Weekly Monthly

VEHICLE MAINTENANCE

1. Do you offer any new vehicle purchase incentives for employees who trade-in their personal vehicles within a certain period? Yes No
2. Do you outline, track, or monitor vehicle maintenance protocols for employees using personal vehicles for business? Yes No
3. Vehicle acceptability criteria has been developed and outlines minimum standards Yes No

DRIVER SELECTION & QUALIFICATION

1. Total # of drivers: _____
2. Drivers < 25 years of age or > 65 years of age Yes No
3. MVR records are reviewed prior to hire and annually thereafter Yes No
4. MVR acceptability criteria has been developed outlining minimum standards Yes No
5. MVR acceptability criteria restricts anyone with a major violation within the past 3 years (e.g. DUI/DWI, leaving the scene of an accident, driving without a license, reckless or aggressive driving, driving to endanger, speeding over 100 MPH, etc.) Yes No
6. Proof of personal insurance, with minimum limits established, is obtained annually from all drivers Yes No
7. Random or periodic drug/alcohol screening is conducted Yes No
8. Distracted Driving policy is signed by all drivers, and maintained in driver or personnel files Yes No
9. Other requirements: _____

DRIVER TRAINING INCLUDES

- 1. Restricted Cell Phone Use Yes No
- 2. Seat Belt Requirements Yes No
- 3. In case of an accident" —outlining required documentation, and not to accept fault Yes No
- 4. Distracted Driving Yes No
- 5. CPR/First Aid Training Yes No
- 6. Other training: _____