



Security Guard Program
Automobile

AGENT'S INSTRUCTIONS / UNDERWRITING REQUIREMENTS:

AGENT'S CHECKLIST - (for your own file): ALL Submissions MUST include:

	Included?	Missing?
1. ACORD AUTO APPLICATION:	<input type="checkbox"/>	<input type="checkbox"/>
a) BOTH the Acord 125 & Acord 127 are needed!		
b) The Acord apps must be TYPED & absolutely complete!		
c) The Vehicle Identification Numbers must be complete!		
d) The Driver Information must be complete!		
e) BOTH the Acord 125 & Acord 130 must be SIGNED BY THE INSURED!		
2. AIU SUPPLEMENTAL APP (Pages 1 through 3): Mandatory!	<input type="checkbox"/>	<input type="checkbox"/>
a) EACH question must be answered; supplementals must be absolutely complete!		
b) The Supplemental Applications must be SIGNED BY THE INSURED!		
3. MOTOR VEHICLE REPORTS - FOR ALL DRIVERS	<input type="checkbox"/>	<input type="checkbox"/>
4. LOSS RUNS: 5 YEARS & Valued within last 90 days	<input type="checkbox"/>	<input type="checkbox"/>



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Supplemental Application - Complete ALL Questions:

Account Name: _____

FEIN # _____ US DOT # _____

Estimated annual
Mileage per Vehicle

1 Describe how the following types of vehicles are used in your business:

- Private Passenger: _____
- Passenger Vans: _____
- Light Trucks/Cargo Vans: _____
- Medium Trucks: _____
- Heavy / X-Heavy Trucks: _____
- Tractor-Trailers: _____

Yes No

2 Are any of the trucks used for snow plowing roads or parking lots?

If yes, provide details: _____

3 Approximately what percentage of time do your commercial vehicles travel:

- a) Under 50 miles: _____%
- b) 50 to 200 miles: _____%
- c) Over 200 miles: _____%

4 How many vehicles (excluding trailers) were in your fleet in the past?

- a) # of vehicles 1 year ago: _____
- b) # of vehicles 2 years ago: _____
- c) # of vehicles 3 years ago: _____
- d) # of vehicles 4 years ago: _____

5 Which of the following driver hiring criteria do you have in place?

- a) MVRs checked prior to hire?
- b) MVRs checked at least annually thereafter?
- c) Physical exams at time of hire?
- d) Drug / Alcohol testing at time of hire?
- e) Reference check?
- f) Road test given prior to hire?
- g) Orientation in vehicle, with experienced driver?
If yes: For what period of time? _____
- h) Number of drivers under age 25: _____
- i) Total number of company drivers: _____
- j) Number employed under 1 year: _____
- k) For Trucks: Minimum # of years driving experience required on like equipment? _____
- l) How long have all of these procedures been in place? _____

Yes No

6 Describe your standards for an acceptable MVR (minimum criteria that must be met, to be hired as a driver):

7 Is your MVR criteria above IN WRITING?

Is this criteria always followed? _____
If exceptions are ever made, please describe: _____

Yes	No
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8 Any other actions taken in regard to driver hiring, selection or training?

If yes, provide details: _____

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9 Is there a formal accident review program in place?

If yes, provide details: _____

How long has this program been in place? _____

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10 Is there a progressive discipline policy, for serious or multiple accidents & violations?

If yes, provide details: _____

How long has this program been in place? _____

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11 Do you provide safety incentive rewards?

If yes, provide details: _____
 How long has this program been in place? _____

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12 Do you have a company policy regarding non-business use (personal use) of your company autos, by employees or executives?

a) If yes, provide details: _____

b) How long has this program been in place? _____

c) Is the policy in writing? _____ If yes, attach a copy

d) How often is it communicated to your employees? _____

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13 Do you allow employees or executives to use company-insured vehicles for personal use?

- a) If yes, is personal use restricted to management only?
- b) Do you allow the authorized user's spouse to use the company vehicle?
- c) Do you allow the authorized user's children to use the company vehicle?
- d) Are any family members under age 21 given permissive use?

If yes: Provide the Name, Date of Birth, and Driver's License Number of ALL who may drive vehicles

14 Do any employees use their own vehicles in the course of employment, twice a week or more?

- a) If yes, how many employees do this on a regular basis? _____
- b) Do you check their MVRs and use the MVR criteria previously stated?
- c) Do you require Certificates of Insurance from employees, to make sure they have auto insurance?
 If yes, how often do you request them? _____
- d) Do you require the employee to carry a minimum limit of liability?
 If yes, what minimum do you require? _____
- e) Do you make sure any "business use" exclusion of their policy is deleted?

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15 Do you rent or lease vehicles for your use, on a short-term basis (daily/weekly/monthly)?

- a) If yes: How many times per year is this done? _____
- b) What types of vehicles do you usually rent or lease? _____
- c) Do you ever rent or lease vehicles with drivers?
 If yes: How often and what are the vehicles used for? _____
 Estimated cost of hire: _____

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16 Do you lease drivers from others?

- a) If yes, how many drive your company owned (or long-term leased) vehicles? _____
- b) Does your MVR criteria apply to those drivers?
- c) Any other controls you exercise over these drivers? _____

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Yes	No
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17 Do you use owner-operators to haul on your behalf?

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18 Are your vehicles on a preventive maintenance program?

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a) Are pre/post trip inspections conducted on any heavy units?

b) Are any vehicles equipped with GPS or similar systems?

c) Are any vehicles equipped with speed governors?

If yes: What is the maximum speed? _____

19 Do you have any restrictions on the use of cell phones while driving?

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a) If yes, provide details: _____

(for example: do you require use of hands-free devices, do you require pulling off side of road, etc.)

20 Do you do alarm response work?

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21 Do you do vehicle patrol work?

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a) If yes, how many of your vehicles are patrol vehicles? _____

b) Describe the areas patrolled (ie: shopping mall parking lots, residential community, industrial):

c) Describe any speed restrictions for patrol: _____

d) Are the patrol vehicles equipped with speed governors?

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If yes: What is the maximum speed? _____

Insured's Signature: _____

Dated: _____

Thank you for your cooperation in completing this supplement, to assist us in underwriting your account.

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