

CARRIER

## AUTOMOBILE APPLICATION (Addendum) Specific Use of Vehicles

APPLICANT	/INSURED			
AGENT NAM	ЛЕ	AGENCY		AGENT IDENTIFICATION NUMBER
GENERA	L INFORMATION			
2. Any 3. Num 4. Wha 5. Do y 6. Are a	er Remuneration: Salary/hourly o Other: seasonal or part-time drivers? aber of drivers with less than one year t percentage of your total receipts is f rou use any road observation service all vehicles stored at your premises w p," please explain where they are stored.	r of employment? from service/repair work at i or surveillance devices to m	ndividual residence	□ Seasonal □ Part-time s or businesses? <u>%</u> <u>YES NO</u> iving? □ □
8. Are a 9. Are a 10. Are a 11. Is the <i>Expla</i>	rou provide transportation for your em any vehicles titled in the company's n any vehicles leased, rented or loaned any vehicles ever used "for hire" to ha ere any nighttime driving for delivery ain any "Yes" answers to questions 7-11.	ame but not insured on this I to others? aul for others?	policy?	······ □ □ ······ □ □
PERSON	AL USE PROCEDURES			
13. Are ( 14. Are ( 15. Are ( 16. Is the If "Ye	employees drive company vehicles ho employees allowed to use company v family members, friends, or others all passengers, other than company emp ere a written company policy that ado es," does the employee sign a form a o," which items are not covered in the ain degree of allowance to questions 12,	vehicles for personal use? owed to drive company veh ployees, allowed to ride in c dresses items 12 through 15 cknowledging acceptance c e company's written policy?	icles? ompany vehicles? ;? 	
NON-OW	NED EXPOSURE			
lf "Ye	employees use their own vehicles for es" to question 17, how many employ es" to question 17, describe the nature of	rees use their own vehicles	for company busine	
	es" to question 17, what automobile li ck this box if you have no formal requ		nployees to maintai	n?
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## DRIVER SELECTION PROCESS

<ol> <li>Are written applications required</li> <li>Are reference checks performed</li> <li>Do all applicants driving vehicle</li> <li>Do you have a drug-testing prog</li> <li>Do you require the drivers who of three years?</li></ol>	d? es that require a CDL gram? operate vehicles req	take a road	test prior to to have a C	hiring? DL for a mi	nimum					
22. Do you maintain a driving recor	d file for each driver	)				YES NO				
23. Do you maintain a driving record file for each driver?										
25. Do you have written guidelines established for an acceptable MVR that you follow?										
26. Do you have written driving rules and policies?										
If "Yes," are they signed by all drivers?										
27. Are drivers taken through a route familiarization process as part of their training?										
ACCIDENT PROCEDURES										
28. Are there accident reporting procedures for all drivers?       Image: Constraint of the constr										
31. Are records maintained for each vehicle?       □         32. Do you follow the suggested manufacturer's vehicle maintenance schedules?       □										
ADDITIONAL INFORMATION (Com	plete for all vehicles t	hat are ALLO	WED FOR P	ERSONAL L	JSE)					
NAME OF DRIVER (INCLUDE NON-EMPLOYEES: I.E. FAMILY MEMBERS)	DRIVER'S LICENSE #	DATE OF BIRTH	VEHICLE NUMBER	*USE OF VEHICLE*	+PRINCIPAL/ +NON- PRINCIPAL	5 OR MORE YEARS OF EXPERIENCE YES NO				
*Use of Vehicle:       B       =       Business use       P       =       Pleasure         T       =       To and from work/school <15 miles										

Any person who, knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a Crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)

Applicable in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

SIGNATURE OF APPLICANT/INSURED

PRINT OR TYPE NAME