

RLI – Supplemental Questionnaire – New Business Driving School

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

DOT ("MC" No.): _____

Do you own or control any other subsidiary or are you affiliated with any other entity? Yes No N/A

If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____ Total Years In Business _____

What was the average number of owned vehicles (do not include trailers) over the last 4 years?

Year	# of Vehicles	Total Insured Physical Damage Values of Fleet	Physical Damage Deductible
Current Year	_____	_____	_____
1 st Prior Year	_____	_____	_____
2 nd Prior Year	_____	_____	_____
3 rd Prior Year	_____	_____	_____

Fleet Safety:

Name and title of individual responsible for the Fleet Safety Program: _____

Is there a formal, written Fleet Safety Program? (Include copy if available) Yes No N/A

Does the insured hire Independent Contractors to drive and/or instruct on their behalf? Yes No N/A

Have any alterations been made to any tractors in the fleet to add additional seating to the truck? Yes No N/A

If yes, was the original equipment manufacturer of the tractor(s) consulted to make sure any alterations were structurally sound and safe to operate? Yes No N/A

Please provide details regarding who performed the alterations and what steps were taken to certify that these alterations were performed in a safe and structurally sound manner.

Does The Fleet Safety Program Include The Following?

1. Safety meetings that specifically address driving practices? Yes No N/A
2. Is there written driver hiring guidelines? (Include copy if available) Yes No N/A
3. Is there a policy against personal use of company vehicles by employees? Yes No N/A
4. Are family members allowed to use the private passenger vehicles? Yes No N/A
5. What is the current driver turnover percentage? _____%
6. Are the vehicles equipped with an on-board monitoring system?
(Automated Event Records (AER), Cameras, GPS, Telematics) Yes No N/A
 - a. Brand name of system(s) and type (camera or GPS): _____
 - b. Number of vehicles currently installed with the system: _____
7. Do all drivers participate in defensive driver training at hire? Yes No N/A
8. Do all drivers participate in refresher defensive driver training at least annually? Yes No N/A
9. Where required by the state, are all instructors licensed? Yes No N/A

10. Do the instructors have:
- a. Certificate of Completion of Behind the Wheel Training? Yes No N/A
 - b. Certificate of Completion of Classroom Driver Education? Yes No N/A
 - c. Certificate of Enrollment in Driver Training? Yes No N/A
 - d. Any other related training? Yes No N/A
 - e. Are all Instructors authorized to issue Student Licenses? Yes No N/A
- If not, explain. _____

Course Information:

- 1. Please provide a copy of the course outline or lesson plans. This should include a breakdown of classroom time and behind-the-wheel time.
- 2. Does the driving school have an on site "road test" course or is all behind-the-wheel time on public highways? Yes No N/A
- 3. Does behind-the-wheel time include freeway driving? Yes No N/A
If so, how much? _____
- 4. Are all vehicles used for driver training equipped with dual controls? Yes No N/A
- 5. Are there minimum age requirements for participants in the course? Yes No N/A
If so, what is the requirement? _____

Hired And Non-Owned Automobile:

Driver Class	Total # of each driver class	% that drives their own vehicle incidentally or never for work purposes	% that drives their own vehicle occasionally for work purposes	% that drives their own vehicle daily or regularly for work purposes	Total Percentage (Should equal 100%)
Employees					
Volunteers					
Independent Contractors/Sub-contractors					

(i.e. delivery, mail pickup, bank deposits)

- 1. Do you have any agreements in place that would require you to provide any hired or non-owned auto coverage on a primary and/or non-contributory basis? Yes No N/A
If yes, please provide details and provide copies of these agreements: _____

- 2. Total amount expensed in the previous fiscal period, as reported to the IRS, for mileage reimbursement. _____
- 3. What is the projected mileage reimbursement for the upcoming year? _____
- 4. What is the annual cost of hire for the current year? _____
- 5. What is the projected cost of hire for the upcoming year? _____
- 6. Does the company require all employees or independent contractors who use their own vehicles for company business to carry personal auto insurance? Yes No N/A
What limits are required? _____
- 7. For those employees or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? Yes No N/A
Who maintains these records? _____
- 8. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?
 - a. Short-term lease # (less than 6 months): _____
 - b. Short-term rental # (includes airport rentals): _____
- 9. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____
- 10. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? _____
- 11. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____
 - a. Does the insured require their employees to purchase the rental agency insurance? Yes No N/A
 - b. Does the insured provide corporate credit cards that include rental car insurance? Yes No N/A

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

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

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.