

Any Owned Autos? Yes No

Number of Employees: _____ Number of Volunteers: _____

Do the employees or volunteers use their own vehicles on behalf of the insured? Yes No

If Yes, enter the approximate number of employees/volunteers that use their own vehicle for company business:

Never: _____ Occasionally: _____ Frequently: _____

How many drivers run errands using their own vehicles for company business? _____

Does the insured transport participants off site? Yes No

How many drivers transport participants in their own vehicles for company business? _____

What is the normal radius? _____

Is there any interstate travel? Yes No

Do you obtain copies of insurance policies for volunteers and employees who use their own vehicles? Yes No

Are these records updated at least yearly? Yes No

Do you require insurance limits of at least 100/300/100? Yes No

If No, what limits do you require? _____

How often are the vehicles serviced? _____

Are all drivers at least 25 years old? Yes No

Are MVR's checked on volunteers/employees? Yes No

What is the insured's guideline for an acceptable MVR? _____

Do you have a driver safety program? Yes No

Are seat belts required to be worn by all occupants? Yes No

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**

NOTE: In order to obtain non-owned coverage, it is required for your own protection that all employees/volunteers who use their own vehicles regularly maintain personal auto limits of 100/300/100 with a copy of current insurance limits file with the facility. Are you willing to follow this procedure? Yes No