

Automobile Questionnaire

(Please fill out applicable sections only)

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|---|--|--|--|
| General Information | | | |
| Broker name | | Risk/Policy # | |
| Applicant/insured business name (identify all operating divisions) | | | |
| Mailing address | | Business address (if different from mailing address) | |
| | | | |
| Policy term effective date | | Policy term expiry date | |
| Please Attach: 1. Vehicle schedule to include below - excel format preferred. a. Department b. Complete Vehicle Identification Number / Serial Number (VIN / SN) c. Current Replacement Cost (not depreciated/accounting or historic values) d. Garaging location 2. CVOR II (ONT)/ Carrier Profile Report (if applicable) | | | |

| | |
|---|--|
| Business Operations | |
| Description of business operation(s) | |
| Passenger Exposure | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, please complete Bus Supplement | |
| Website | |
| CVOR /Carrier Profile Number R.I.N (s) / Master number (s) | |

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|--|--|--|--|
| Vehicle Maintenance and Premises Details | | | |
| Is there a written vehicle maintenance program? | <input type="checkbox"/> No <input type="checkbox"/> Yes | How often are vehicles serviced? | |
| Maximum number of vehicles parked at same location | | Maximum total value at same location *Use current replacement cost including all attached equipment | \$ |
| Garaging location(s) for above | | | |
| Are vehicles equipped with Dash Cam devices? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, what is the method of recording: Provider: | <input type="checkbox"/> Cloud Based <input type="checkbox"/> SD Card |
| Are vehicles equipped with anti-theft devices? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide details: | |
| Are vehicles equipped with telematics? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide details: | |

| Driver Control Details | | | |
|--|--|---|--|
| Minimum driver age | | Minimum driver experience (similar vehicle) | |
| Are driver references and licences checked prior to hiring? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Are vehicles taken home by employees? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Percentage of driver turnover (average / year)? | | | |
| Are driver abstracts (MVR) reviewed? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, how often? | |
| Is there a maximum number of convictions accepted? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, how many? | |
| Is there a maximum number of claims accepted? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, how many? | |
| Are drivers provided with protocols for reporting accidents? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Is there internal driver training program in place? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

| Safety Program Details | | | |
|---|---|---|--|
| Is a fleet manager employed? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Full name | |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Third-party consultant | | |
| Is there a written Loss Control Program in place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide details or attach document: | |
| Policy for unacceptable driver abstracts? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide details or attach document: | |
| Is there an accident policy in place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide details or attach document: | |

| Dangerous Goods |
|--|
| Are dangerous goods carried that require placarding? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please contact Intact Public Entities |

| Remarks | |
|--|------|
| | |
| THIS SUPPLEMENT IS INTENDED TO PROVIDE INFORMATION IN ADDITION TO THAT PROVIDED WITHIN THE CORRESPONDING OWNER'S APPLICATION FORM. | |
| Signature X | Date |