

Automobile Renewal Questionnaire

(Please fill out applicable sections only)

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:			
<ol style="list-style-type: none"> 1. Driver's list (Name, DOB, DR lic #, # of years lic'd)- excel format preferred 2. Vehicle schedule (year, make, model, VIN, garage location)- excel format preferred 3. 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)	

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	\$
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:	<input type="checkbox"/> Cloud Based <input type="checkbox"/> SD Card
		Provider:	
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:	
Policy for unacceptable driver abstracts?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details	
Is there an accident policy in place?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details	

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	Date
X	