

Named Insured: _____

Complete All Sections

I. Non-owned Auto Exposure

1. Do employees and/or volunteers use their own vehicles on your behalf? Yes No
 - a. What is the primary purpose of their driving?

<input type="checkbox"/> Errands/shopping	<input type="checkbox"/> Attend meetings
<input type="checkbox"/> Transport clients	<input type="checkbox"/> Other, describe: _____
2. What is the total number of drivers who weekly operate their own vehicles on your behalf?
 Employees _____ Volunteers _____
3. Do you obtain proof of personal automobile insurance from employees and volunteers who use their own vehicles on your behalf? Yes No
 - a. How often is this information updated? _____
 - b. What Personal Automobile Liability Limit do you require of these drivers?
 \$ _____ /person \$ _____ /accident or \$ _____ CSL

II. Client Transportation

Complete the following questions if your non-profit offers transportation of clients

1. Is transportation provided in:

<input type="checkbox"/> Your non-profit's own vehicles	<input type="checkbox"/> Employees'/volunteers' vehicles	<input type="checkbox"/> Charter service*
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 - a. *If a charter service is used, do you require the service to name your non-profit as an additional insured on its automobile liability insurance policy? Yes No
 - b. What Automobile Liability Limit do you require the charter service to carry? _____
2. How often are vehicles used for client transportation?

<input type="checkbox"/> Once daily	<input type="checkbox"/> Several times daily	<input type="checkbox"/> A few times weekly	<input type="checkbox"/> Once a week or less
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3. Describe the type of clients transported:

<input type="checkbox"/> Elderly	<input type="checkbox"/> Mentally Handicapped	<input type="checkbox"/> Non-ambulatory/Wheelchairs
<input type="checkbox"/> Children	<input type="checkbox"/> Physically Handicapped	<input type="checkbox"/> Other, describe: _____
4. Describe the purpose of transportation:

<input type="checkbox"/> School Bus – to school or school outings	<input type="checkbox"/> Church Bus – to services or church activities
<input type="checkbox"/> Van Pool – to work	<input type="checkbox"/> Other, describe: _____
5. Is seat belt use or child/infant car seat mandatory for driver and all passengers? Yes No
6. If children are transported, is one adult other than the driver assigned to supervise them? Yes No
7. Are vehicles properly equipped to handle wheelchairs? Yes No
8. Are drivers trained to handle the type of client transported? Yes No
9. How many trips in excess of 200 miles one way do you make annually? _____

III. Driver Selection

1. Do you order Motor Vehicle Reports (MVRs) on all employees and volunteers before allowing them to drive on your behalf? Yes No
 - a. How often is this information updated? Annually Semi-Annually Never
 - b. What do you consider an acceptable MVR?
 - No violations
 - No more than 2 moving violations or at-fault accidents in the last 3 years
 - Other, describe: _____
 - c. Do you enroll your drivers in the DMV Pull Program? Yes No
2. Do you have driver-hiring standards? **If yes, attach a copy** Yes No
3.
 - a. Are there any drivers under age 21? Yes No
 - b. Are there any drivers over age 65? Yes No
 - c. Have any drivers been licensed less than 2 years? Yes No
 - d. Do any of the above drivers transport clients? Yes No

IV. Automobile Safety & Maintenance Program

1. Do you have a written fleet safety & maintenance program? **If yes, attach a copy of your program.** Yes No
 - a. Is a manager responsible for implementing and monitoring the program? Yes No
2. Do you have a formal driver-training program? **If yes, attach a copy of your program** Yes No
3. What is the title of the person(s) responsible for your driver training and fleet safety program(s)? _____
3. How often are vehicles checked for maintenance needs? _____
4. Is a maintenance log kept for each vehicle? Yes No
5. Are drivers required to report any vehicle deficiencies? Yes No
6. Are any vehicles covered under another policy? Yes No
Explain: _____
7. Are employees allowed to use company vehicles for personal use? Yes No
8. Do you extend the same safety requirements that you have for your owned vehicles to non-owned vehicles used to transport your clients? Yes No
9. Do the same training standards that you have for drivers of your owned vehicles apply to drivers of non-owned vehicles used to transport clients? Yes No

V. 15 Passenger Vans

If you own, rent, or borrow 15 passenger vans, answer the following questions in regard to these vehicles

15 Passenger vans (14 passenger plus driver) require special risk management controls because the weight distribution of passengers and the high center of gravity makes these vehicles more difficult to control. These vans also have longer stopping distance and a higher propensity to roll over than the average vehicle.

1. Are only designated **certified*** drivers allowed to drive these vehicles? Yes No
2. Are there any instances when you would allow other non-**certified*** drivers to drive?
Explain: _____
3. Do you currently have a passenger van safety program in place, which includes all of the following criteria? Yes No
 - ✓ Only **certified*** drivers are allowed to drive these vans.
 - ✓ An adult (18 or older) driving assistant seated in the front passenger seat is required when:
 - Passengers are children or otherwise require supervision while being driven
 - The trip is other than over frequently traveled, designated routes
 - ✓ For trips over 250 miles one way, two **certified*** drivers are required to rotate driving duties to avoid driver fatigue.
 - ✓ No rooftop loads are allowed.
 - ✓ No in-vehicle storage is allowed above the seat level.
 - ✓ Seat belt, child safety seat and/or wheelchair tie down use is required for all passengers and the driver.

*To be considered **certified** for driving 15-passenger vans, drivers must:

- ✓ have 6 years driving experience
- ✓ be between the ages of 21 and 65
- ✓ complete a defensive driving course specific to driving passenger vans and obtain a completion certificate
- ✓ attend a refresher defensive driving course every 3-5 years after completing the initial defensive driver course
- ✓ meet the following MVR standards (MVRs must be reviewed at least annually):
 - no citations for driving while intoxicated, impaired, or under the influence of drugs in the past 5 years
 - no citations for reckless driving or racing
 - no citations for criminal convictions (such as negligent homicide, manslaughter, hit and run, etc.)
 - no speeding in excess of 25 MPH over the speed limit
 - no driving without a license or with a suspended or revoked license
 - no more than two accidents and/or moving violations in the past 3 years
 - no more than one accident and/or moving violation in the past 12 months
- ✓ Drivers must be re-certified by your agency annually.



Automobiles
(Supplement to ACORD 125-S)

FRAUD STATEMENT

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- CALIFORNIA: In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
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.
DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person.
FLORIDA: 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.
MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.
MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy.
MICHIGAN: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW YORK: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
OHIO: ANY PERSON WHO, WITH THE 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.
OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
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 fact, may be violating state law.
PENNSYLVANIA: 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 subjects the person to criminal and civil penalties.
RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
UTAH: For your protection, Utah law requires the following to be included in this application: "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."
VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.
WISCONSIN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.
ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

12/03 Signature of Applicant

Date

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