

**Section I – General Information**

- 1. Policy Period Desired \_\_\_\_\_ Fax # \_\_\_\_\_
- 2. Insured Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(dba) \_\_\_\_\_ Website: \_\_\_\_\_
- 3. Mailing Address: \_\_\_\_\_
- 4. Insured is:  Individual  Partnership  Corporation  Limited Liability Corp.  Other: \_\_\_\_\_
- 5. Years operating this business: \_\_\_\_\_
- 6. Have you ever operated under another name?  Yes  No  
If "Yes," what was the name of that operation? \_\_\_\_\_
- 7. If this is a new venture, where did you get your experience? \_\_\_\_\_
- 8. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined, or renewal refused? If "Yes," explain:  Yes  No  
\_\_\_\_\_

**Section II – Description of Operations**

- 9. Check all that apply:
  - Educational Institution (vehicles used for driver training as part of school curriculum)
  - Commercial Driving School (vehicles used by driving school to give driving instruction)
  - Driver Testing Facility
  - Handicapped Driver Training
  - Other, explain: \_\_\_\_\_
- 10. Instruction given in what type of vehicle?  
 Private Passenger  Tractor  Truck  Van  Bus  Other: \_\_\_\_\_  
Do you use the student's vehicle for Driver Training?  Yes  No
- 11. Do you administer Driving Tests?  Yes  No
  - a. If "Yes," number of tests conducted annually: \_\_\_\_\_
  - b. If "Yes," do you test anyone other than your own students?  Yes  No  
If "Yes," please explain: \_\_\_\_\_
  - c. Do you use students' vehicles for conducting final exams?  Yes  No  
If "Yes," please provide number of tests conducted annually: \_\_\_\_\_
- 12. Are you a member of an Association or Institute which has certified your school?  Yes  No  
If "Yes," please identify the Association: \_\_\_\_\_

13. What are your state's requirements for Driver Instruction training, licensing, certification? \_\_\_\_\_

Are your instructors certified based on these state requirements?  Yes  No

14. Are instructors required to keep written logs on all driving lessons?  Yes  No

15. Are there specific methods used for the following?  Yes  No

a. Driving in heavy traffic, explain: \_\_\_\_\_

b. Defensive driving, explain: \_\_\_\_\_

c. Severe weather driving, explain: \_\_\_\_\_

16. Show % of each. Over-the-Road Training \_\_\_\_\_% Training Lot \_\_\_\_\_% Classroom \_\_\_\_\_%

17. If Truck or Tractor/Trailer used, do you haul actual loads "for hire" as part of training?  Yes  No

If "Yes," please explain: \_\_\_\_\_

18. Would you haul or train exclusively for one concern?  Yes  No

If "Yes," advise who that concern is: \_\_\_\_\_

**Section III – Area of Operations**

19. Are there designated routes used by the school?  Yes  No

Or alternately, is there an off street/road driving range used?  Yes  No

If so, please describe: \_\_\_\_\_

20. What is the maximum radius of operation? \_\_\_\_\_

**Section IV – Instructor Information**

21. Are periodic evaluations done on instructors?  Yes  No

22. Are MVR's checked prior to hiring of instructors?  Yes  No

23. Describe the procedures in place for hiring of instructors: \_\_\_\_\_

\_\_\_\_\_

24. Are instructors/employees allowed to operate vehicles for personal use?  Yes  No

If "Yes," what criteria is in place for this usage? \_\_\_\_\_

Instructor's Full Name	Date of Birth	Date Employed	Years of Instructor Experience	Drivers License Number/State
1.				
2.				
3.				
4.				
5.				

**Section V – Vehicle Information**

Unit No.	Model Year	Trade Name	Vehicle Type	Dual Controls and/or Brakes?	Complete VIN
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

25. Is there a vehicle maintenance program in place? (i.e., How often is maintenance done and by whom?) \_\_\_\_\_

26. Are units identified as driving school vehicles with visible signs?  Yes  No

27. Do the units have any speed inhibitors on them?  Yes  No

**Section VI – Previous Insurance and Loss Experience  
THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.**

Policy Year	Insurance Carrier	Policy #	Number of Accidents	Total Amount of Claims Paid		Total Amount of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From To							
From To							
From To							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, etc
From To							
From To							
From To							

**\*\* FOR FLEETS CONSISTING OF FIVE (5) POWER UNITS OR MORE - HARD COPY LOSS RUNS ARE REQUIRED \*\***

**Section VII - Coverage and Limits Requested**

28. Liability Limits

A. Combined Single Limit: \$ \_\_\_\_\_ **OR**

B. Split Limits:

Bodily Injury \$ \_\_\_\_\_ each person  
 \$ \_\_\_\_\_ each accident  
 Property Damage \$ \_\_\_\_\_ each accident

C. Liability Deductibles:

Bodily Injury only \$ \_\_\_\_\_  
 Property Damage only \$ \_\_\_\_\_  
 Bodily Injury and Property Damage \$ \_\_\_\_\_  
 Bodily Injury and Property Damage applied separately \$ \_\_\_\_\_

29. Do you desire Uninsured/Underinsured Motorist Coverage? (for requirements, check state statutes)  Yes  No  
 If "Yes," limit desired \$ \_\_\_\_\_  
 If required by state, please complete, sign and attach proper form for Selection or Rejection of this coverage.

30. Do you desire Personal Injury Protection? (for requirements, check state statutes)  Yes  No  
 If required by state, please complete, sign and attach proper form for Selection or Rejection of this coverage.

31. Do you desire Medical Payments Coverage?  Yes  No  
 If "Yes," advise limit \$ \_\_\_\_\_

32. Physical Damage Coverage and Deductible selection.

Unit #	Description	Stated Amount	Collision Deductible	Other than Collision Deductible	
				Specified Causes of Loss <b>OR</b>	Comprehensive

33. Loss Payable Name and Address (advise which unit this applies to) \_\_\_\_\_  
 \_\_\_\_\_

34. List any Additional Insureds to be named and advise what their interest is in your operation: \_\_\_\_\_  
 \_\_\_\_\_

**Section VIII – Signatures**

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Witness Date

**Agent:**  
 Are you personally familiar with this Applicant's operations?  Yes  No  
 Did your office control this risk in the past year?  Yes  No

\_\_\_\_\_  
 Agent's or Broker's Name Telephone Number Agent's Signature

\_\_\_\_\_  
 Address Date

\_\_\_\_\_  
 License No.

**GENERAL FRAUD STATEMENT (Not applicable in Colorado, Ohio, or Oregon)**

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 subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Colorado, Ohio, and Oregon – see notices below.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Ohio**

Any person who, with 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Oregon**

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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your underwriter from the dropdown: