



Risk Placement Services, Inc.
 PO Box 834
 Poulsbo WA 98370

NON-OWNED AUTO QUESTIONNAIRE

RISK NAME: _____ Address: _____

HIRED AUTO:

1. For what purpose do you require hired autos? _____

2. Average number of hired autos rented/leased annually: _____
3. Types of autos rented/leased: _____
4. Total Number of Employees: _____
5. Average Term of Lease/rental agreement: _____
6. Estimated Cost of hired autos for this year: _____
7. Minimum liability limits required: _____

NON OWNED AUTO:

8. Do you have existing Auto coverage with another carrier? Yes No
9. Do you require minimum limits of liability of \$100,000 for any employee or volunteer that drives their vehicle on your behalf? Yes No
10. We require minimum limits of liability of \$100,000 for any employee or volunteer that drives their vehicle on your behalf. Will you implement this requirement into your management practice? Yes No
11. Do you obtain a copy of their Declarations Page or Certificate of Insurance and update it annually? Yes No
12. Total number of employees: _____
13. Total number of non-owned autos used in your business: _____
14. Will non-owned autos other than private passenger types, pickups or vans be used? Yes No
 If yes, please describe autos and how they will be used: _____

15. Are clients transported? Yes No
16. Are non-owned autos likely to be operated beyond 50 miles? Yes No
 If yes, how often and why? _____
17. Indicate the total number of volunteers furnishing autos for your operation: _____
 Maximum number of volunteers at one time: _____
18. How often are non-owned autos used in your business? Daily Weekly Monthly
19. Do you report employee mileage for tax purposes? Yes No
 If yes, how many miles were reported last year? _____
20. It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf? Yes No
21. Please describe your procedure for evaluating MVR's to identify unacceptable or marginal drivers:

22. Have you had any non-owned auto losses in the past five years? Yes No
(If yes, please attach current loss runs.)

Date Signed

Signature of Applicant

Name and Title