



HEALTHCARE AUTOMOBILE QUESTIONNAIRE

First Named insured: _____ Today's date: _____

Do you own or control any other subsidiary, or are you affiliated with any other entity? Yes No N/A
If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____

What was the average number of owned vehicles over the last 4 years?

Year	# Vehicles
20__	_____
20__	_____
20__	_____
20__	_____

What are your hours of operation? _____

- Number of shifts per 24 hours? _____
- Do you respond to 911 calls? _____
- Do you dispatch 911 calls? _____
- Are any EMT or Paramedics employed? _____

Total number of estimated annual ambulance calls: _____

- % of total ambulance calls that are emergency: _____
- % of total ambulance calls that are non-emergency: _____

Total number of estimated annual paratransit calls: _____

- % of total paratransit calls that are wheel chair: _____
- % of total paratransit calls that are gurney/stretchers: _____
- % of total paratransit calls that are passenger van: _____

If you operate emergency ambulances, what type of training is provided to the ambulance drivers?

- Defensive Driving Course: Yes No N/A
- Federal Emergency Vehicle Operator Course: Yes No N/A
- Highway Patrol Training: Yes No N/A
- Smith System Training: Yes No N/A
- In-House Driver Training: Yes No N/A
- CEVO (Coaching the Emergency Vehicle Operator): Yes No N/A
- Other (Please Describe): _____

Does Applicant have any professional coverage? Yes No N/A

- Policy Number: _____
- Carrier: _____
- Term: _____
- Limit: _____

Fleet Safety

Is there a formal, written Fleet Safety Program in place? Yes No N/A
(If yes, please provide a copy)

Name and title of individual responsible for the Fleet Safety Program: _____

Does the Fleet Safety Program include the following?

- Safety meetings that specifically address driving practices? Yes No N/A
- MVR's ordered prior to hiring new drivers? Yes No N/A
- MVR's ordered on all vehicle operators annually? Yes No N/A
By whom? _____
- Are MVR's ordered on all non-employee drives who may use a company vehicle? Yes No N/A
- Are there written rules for the withdrawal of driving privileges for serious driving violations?
(i.e. DUI, reckless driving, leaving the scene of an accident, committing a felony with an auto,
or speeding more than 20 miles an hour over the posted speed limit) Yes No N/A
- A policy on personal use of company vehicles by employees?) Yes No N/A
- Are these guidelines for use in writing?) Yes No N/A
- Does management provide written approval of all non-employee drivers?) Yes No N/A
- Does the agent or insured include non-employee operators on the drivers list?) Yes No N/A
- A formal procedure in place for drivers to report their accidents?) Yes No N/A
- Mandatory drug tests within 24 hours of any accident?) Yes No N/A
- A procedure for management to investigate accidents at the time of the loss?) Yes No N/A
- Post accident reviews to identify problems?) Yes No N/A
- Random drug tests of employees?) Yes No N/A
If so, how often? _____

If a formal driver selection process is in place, does it include the following?

- Reference Checks including the previous two most recent employers? Yes No N/A
- Physical exams as part of the hiring process?..... Yes No N/A
- A driving test (not including private passenger vehicles) using the vehicle that will be operated
by the employee prior to employment? Yes No N/A
- Drug testing done prior to the offer of employment? Yes No N/A
- Criminal background checks done prior to any offer of employment? Yes No N/A

If there is a formal maintenance program in place, does it include the following?

- Are drivers required to perform a visual inspection of their vehicle daily Yes No N/A
- Are records kept of any reported deficiencies & corrective actions taken? Yes No N/A
- Are records kept for scheduled & unscheduled maintenance on vehicles? Yes No N/A
- Do you have any full time vehicle maintenance personnel on staff? Yes No N/A
- Is there a company policy on underage drivers using company vehicles? Yes No N/A
- Are family members allowed to use the company owned vehicles? Yes No N/A

For the owned fleet, what is the usage of the fleet?

Vehicle Type	# of Vehicles	% of total "calls"	Maximum Radius	Max # of Passengers	Average # of Passengers
Ambulance – Emergency					
Wheelchair Vans					
Invalid Coach/Ambulettes					
Unmodified Private Passenger/Vans/Shuttles					
Private Passenger Vehicles					
Fly Car Vehicles					
Service/Maintenance/Security Vehicles					
Other Vehicles Describe _____					
Other Vehicles Describe _____					

Definitions:

- **Ambulance:** Any vehicle designed, appropriately equipped and use for the purpose of carrying sick or injured persons on an emergency basis. Normally will have EMT or paramedic on board.
- **Wheelchair Vans:** Any vehicle designed or modified and appropriately equipped for the transportation of wheel chair bound individuals. (If any, please complete the wheel chair supplement)
- **Invalid Coach of Ambulette:** Any vehicle designed or modified and appropriately equipped for the transportation of non-emergency patients, normally without the aid of medical personnel.
- **Fly Car:** Any vehicle designed, appropriately equipped and used for the purpose of transporting equipment and personnel to an emergency site.
- **Unmodified Private Passenger/Vans/Shuttles:** These are used to carry the patients, public, or employees.

Hired and Non-Owned Automobile Questions

What are your total # of employees? _____ Total # of volunteers? _____

During the most recent year, how many of your employees provided at home care? _____

Do you have a visiting nurses program? Yes No N/A

Total amount expensed in the previous fiscal period, as reported to the IRS, for employee mileage reimbursement: _____

If you have visiting nurses or home care providers, is there a minimum age requirement? Yes No N/A

Estimated total number of employees or volunteers that use their own vehicle for company business, not home care. (i.e. sales, delivery, mail pickup, bank deposits) Employees? _____ Volunteers? _____

How often and for what purpose do employees/volunteers/independent contractors use their own vehicles for company business? (i.e. daily, occasionally, never, or N/A.) Employees? _____ Volunteers? _____

Does the company require all employees who use their own vehicles for company business to carry personal auto insurance? Yes No N/A

What limits are required? _____

Do you obtain certificates of insurance or a copy of the declarations page from the employee's automobile insurer? Yes No N/A

Who maintains these records? _____

Is there a process or procedure in place that requires an employee to notify the company if their Personal Automobile Policy has lapsed or been cancelled? Yes No N/A

How many vehicles (cars, vans, trucks, or tractors) are hired, rented, or borrowed each year?

Short-term lease # (less than 6 months): _____ Short term rental (include airport rentals): _____

Other than airport rentals, for what purpose are the hired vehicles used? _____

Other than airport rentals, what is the total estimated cost for all hired vehicles for the most recent Fiscal period? _____

Who is providing primary automobile liability and automobile physical damage for the hired/borrowed vehicles? (i.e. rental company, leasing firm, employee, insured, credit card) _____

Do you hire independent contractors to provide home care or other patient services? Yes No N/A

If home caregivers or visiting nurses are considered independent contractors, is there a signed contract in place? Yes No N/A

- If yes:
 - Please provide a copy of the sample contract.
 - Does that contract require the independent contractors to provide a certificate of insurance? Yes No N/A
 - Does the contract require the independent contractors to carry a minimum automobile liability limit? Yes No N/A
If so, what limit? _____
 - Does the contract require the independent contractors to name our insured as an additional insured? Yes No N/A
- Who is responsible for obtaining and monitoring these items? _____

If no vehicles have wheelchair lifts or have wheelchair accessibility – please skip these questions.

Number of units with the following equipment:

- Wheel Chair Lifts:
 - Buses _____
 - Vans _____
 - Manufacturer _____
- Ramps:
 - Buses _____
 - Vans _____
 - Manufacturer _____

Were all lifts/ramps factory-installed during vehicle’s manufacture? Yes No N/A

- If no, provide the following information regarding equipment Installation Company.
 - Name: _____
 - Contact Person and phone number: _____
 - Number of units and month/year of installation: _____
 - Do all lifts/ramps comply with ADA accessibility requirements, including but not limited to dimensions, door height, clearance, edge barrier, weight support, handrails for lifts and slope for ramps? Yes No N/A

Passenger Restraint System

Number of vehicles equipped with system: Buses? _____ Vans? _____

Manufacturer: _____

Is the system a "4 point tie-down and forward-facing" design? Yes No N/A
If yes, are shoulder belts retractable or non-retractable? _____

Is floor securement of wheels accomplished with fixed locations or movable attachments/tracks? _____

Do securement areas comply with ADA accessibility requirements, including but not limited to clear floor space, movement when mobility device is secured clearance from entrance to securement area, at least one forward-facing area? Yes No N/A

Types of wheelchairs that your vehicles accommodate (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Heavy Duty Industrial | <input type="checkbox"/> Reclining/Tilting |
| <input type="checkbox"/> Lightweight | <input type="checkbox"/> Motorized |
| <input type="checkbox"/> Portable | <input type="checkbox"/> Tri-Wheeler/Scooter |
| <input type="checkbox"/> Youth/Child Stroller | <input type="checkbox"/> Other (describe) _____ |

Are all passengers in tri-wheelers required to transfer to a wheelchair or permanent seat after they board? Yes No N/A

Are wheelchair passengers ever permitted to ride in the vehicle other than in the designated securement locations? Yes No N/A