

## Supplemental Business Automobile Insurance Quote Information for the HF Thompson Insurance Agency

The Thompson Agency wants to help you evaluate your drivers and driving practices, and help you help your employees in reducing the incidence of on-the job injuries while driving on your behalf as Home Healthcare workers.

As a customer of the Thompson Agency, we can help you secure cost-saving templates for safety procedures, loss control resources and accident prevention information that is specifically related to the Home Healthcare Industry.

**PLEASE NOTE: If you have Owned or Leased vehicles titled to or contracted under your organization's name, provide the information below for Scheduled Autos & Drivers and we will endeavor to secure a quote. However, if Company Owned or Leased vehicles are insured by another Carrier, and are not a part of this Application, Non Owned Auto Liability coverage WILL BE EXCLUDED from this policy and must be secured under your owned automobile policy.**

### Scheduled Autos:

Model Year	Model/Make	VIN (Vehicle Id #)	Titled in the Name of the Company**? Y or N	Where Garaged (City, State)	Cost <i>NEW or ACV</i>

If more space is needed, please attach a second page and indicate you have done so by marking here with an "X": \_\_\_\_ If you have already completed this on an Acord Business Auto Section 127 Form, please disregard this request and attach the Acord.

### Scheduled Drivers for Scheduled vehicles listed above:

Driver Name	Date of Birth	State Licensed <i>-if other than VA</i>	Driver ID Number

If more space is needed, please attach a second page and indicate you have done so by marking here with an "X": \_\_\_\_ you have already completed this on an Acord Business Auto Section 127 Form, please disregard this request and attach the Acord.

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**Attention All Applicants: Please Complete this section whether or not you are requesting a quote:**

**HIRED & NON OWNED AUTO LIABILITY**

Please indicate if this coverage is desired ; **YES**\_\_\_\_\_ **or** **NO**\_\_\_\_\_;  
if **NO**, please provide the name of your current Carrier, Policy Number, & Policy Dates:

**Carrier**\_\_\_\_\_ **Policy No.**\_\_\_\_\_ **Dates (From-To)**\_\_\_\_\_

..and please sign below if no Hired & Non Owned Auto Liability coverage is desired),

\_\_\_\_\_  
**Signature /Title**

\_\_\_\_\_  
**Date Signed**

**If YES, please answer the following** questions as respects your hired & non owned automobile liability exposures:

**Does the Applicant Own or Lease any Vehicles?** YES\_\_\_\_\_ **or** NO\_\_\_\_\_

**Do you require that all employees and volunteers who operate their personal autos on behalf of your organization maintain minimum state financial responsibility limits?**

YES\_\_\_\_\_ **or** NO\_\_\_\_\_

**Does the Applicant have a program to monitor an Employee's Personal Auto Liability Insurance Program?**

YES\_\_\_\_\_ **or** NO\_\_\_\_\_

(1) At the time of hire? \_\_\_\_\_

(2) Annually? \_\_\_\_\_ **or** \_\_\_\_\_ **How often?** \_\_\_\_\_

**Does the applicant run MVRs on ALL employees?** YES\_\_\_\_\_ **or** NO\_\_\_\_\_

(1) At the time of hire? \_\_\_\_\_

(2) Annually? \_\_\_\_\_ **or** \_\_\_\_\_ **How often?** \_\_\_\_\_

(3) Randomly (based on accidents or suspicions) \_\_\_\_\_

**What action is taken if an "unacceptable" driver is identified?** Please Explain, *or if you have a Written Procedure, please attach a copy:*

**Do you extend driving privileges only to employees and volunteers with acceptable driving records?** YES\_\_\_\_\_ **or** NO\_\_\_\_\_

Note: Acceptable driving records are:

(a) *No more than three moving violations or more than one chrgable accident during the past 36 months (3 years) AND*

(b) *No major convictions (driving under the influence of alcohol or drugs, reckless driving, etc.) within the past seven (7) years*

(c) *No license suspensions or revocations .) within the past seven (7) years*

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**Does the Applicant transport non-ambulatory clients?** YES \_\_\_\_\_ or NO \_\_\_\_\_

**Does the Applicant contract with an ambulance or livery services to transport clients?**  
YES \_\_\_\_\_ or NO \_\_\_\_\_

**Do any or all of Applicant's Employees or Volunteers transport clients *in their own* automobiles (appointments or errands)?** YES \_\_\_\_\_ or NO \_\_\_\_\_

**What is the maximum and minimum age of drivers allowed to transport clients?**  
MAX AGE \_\_\_\_ MIN AGE \_\_\_\_

**Do any or all of Applicant's Employees or Volunteers transport clients *in the client's or patient's* automobile?** YES\* \_\_\_\_\_ or NO \_\_\_\_\_

If YES do you:

Restrict use to business use ? YES \_\_\_\_\_ or NO \_\_\_\_\_

Secure prior written permission from each client regarding use of their vehicle(s) and maintain a copy for your records? YES \_\_\_\_\_ or NO \_\_\_\_\_

Secure written verification that each client maintains current in-force limits of at least \$100,000 Combined Single Limit ? YES \_\_\_\_\_ or NO \_\_\_\_\_

Do you provide Driver Safety Education to your Staff?

YES \_\_\_\_\_ or NO \_\_\_\_\_

**How many drivers used personal vehicles for business regularly?:**

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

**How many drivers used personal vehicles for business occasionally?:**

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

**What is the maximum and minimum age of drivers allowed to transport clients?**  
MAX AGE \_\_\_\_ MIN AGE \_\_\_\_

**Does the Applicant allow *personal use* of a *Company-owned* vehicle?**

YES \_\_\_\_\_ or NO \_\_\_\_\_

**Does the Applicant make sure travel logs are kept for all drivers?**

YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_  
Signature /Title

\_\_\_\_\_  
Date Signed