## **NON-OWNED AUTO QUESTIONNAIRE**

1.	Do you have existing Auto coverage with another carrier? ☐ Yes ☐ No
2.	Do you require minimum limits of liability of \$100,000 for any employee or volunteer that drives their vehicle on your
_	behalf? Yes No
3.	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
4.	Do you obtain a copy of their Declarations Page or Certificate of Insurance and update it annually?   Yes   No
5.	Total number of employees:
6.	Total number of non-owned autos used in your business:
7.	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:
8.	Are clients transported?   Yes   No
9.	Are non-owned autos likely to be operated beyond 50 miles?   Yes   No
	If yes, how often and why?
10.	Indicate the total number of volunteers furnishing autos for your operation:
	Maximum number of volunteers at one time:
11.	How often are non-owned autos used in your business? ☐ Daily ☐ Weekly ☐ Monthly
12.	Do you report employee mileage for tax purposes? ☐ Yes ☐ No
	If yes, how many miles were reported last year?
13.	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
14.	Please describe your procedure for evaluating MVR's to identify unacceptable or marginal drivers:
15.	Have you had any non-owned auto losses in the past five years?   Yes  No
	(If yes, please attach current loss runs.)
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	Date Signed Signature of Applicant
	Name and Title

Forward completed application to <a href="mailto:submission@npip.org">submission@npip.org</a> or fax to 509-754-3406.