



AUTO FLEET SUPPLEMENTAL APPLICATION

This form needs to be completed for any organization with 5 or more employees as drivers of company vehicles.

General Information:

- 1. Name of organization: _____
- 2. What is your radius of operations? _____
- 3. Do you travel outside the state? Yes No
If yes, where _____ Why _____
- 4. What are your hours of operation?: _____ AM to _____ PM

Driver Information:

- 5. Do you have a drug testing policy in place: Yes No Upon Hire For Cause Annually
- 6. MVR's obtained? Yes No Upon Hire For Cause Annually
- 7. Do you have an MVR's criteria in place? Yes No
- 8. Do any of your employees take a company vehicle home? Yes No If yes, how many _____
- 9. Do you provide driver training? Yes No Upon Hire For Cause Remedial
Type of Training _____
- 10. Do you require a minimum number of years driving experience? Yes No If yes, how many years _____
- 11. Please indicate the total number of drivers who drive agency vehicles:
_____ Full Time _____ Part Time _____ Volunteer _____ Other
- 12. How many drivers have a special license?
_____ P = Passenger
_____ S = School Bus (Student Transportation Vehicles, Activity Vehicles, Taxi) Livery, Service Bus, and Motor Coach)
_____ V = Student Transportation Vehicles (Activity Vehicles, Taxi, Livery, Service Bus and Motor Coach)
_____ A = Activity Vehicles (Taxi, Livery, Service Bus, and Motor Coach)
_____ F = Taxi, Livery, Service Bus, Motor Coach
- 13. Do employees use their own personal vehicles for company business? Yes No
Do you obtain proof of insurance for drivers using their personal autos? Yes No
How many employees drive their personal vehicles for the business:?
What auto liability limits do you require the employee to have on their personal auto policy? _____
MVRs obtained? Yes No Upon Hire For Cause Annually

Vehicle Information:

- 14. Number of: _____ Agency Vehicles _____ Personal Vehicles use by Employees
- 15. Number of Agency vehicles by type:
_____ Passenger Vehicles _____ Wheelchair Transport Vehicles
_____ Pick-Ups _____ 15 Passenger Vehicles
_____ Mini Vans _____ Others (please list)
- 16. What safety equipment do the vehicles have?
_____ GPS _____ Inside Vehicle Camera _____ Outside Vehicle Camera _____ Other
- 17. Average number of employees in a vehicle at any 1 time: _____ # of daily trips per vehicle _____
- 18. Is there a written fleet safety program? Yes No If yes, attach Table of Contents
- 19. What Fleet Safety Program do you have in place?
_____ Accident Investigation _____ Roadside Emergency Kit _____ New Hire Orientation
_____ Wheelchair Tie Down Training _____ Pre & Post Trip Inspection _____ Other
- 20. Maintenance Program:
Describe inhouse vehicle maintenance program: _____
Describe outsourced vehicle maintenance program: _____

Applicant Name _____
edition date 3/23

Signature _____

Date _____