



Non-Owned Auto Questionnaire

Organization Name: _____

1. Does your organization own any vehicles? Yes No
2. Number of employees:
3. Do employees **use their own vehicles** on behalf of your organization? Yes No
4. Do you have guidelines in place for employees which outline driver acceptability? Yes No

If Yes, what are your guidelines?

5. Please complete the following chart, indicating the number of employees that may use their own vehicles on behalf of your organization. Please include each individual only in the category that is most descriptive of their use.

Number of Employees	Usage	Average Trips Per Week	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	Greater than State Minimum Personal Auto Limit Required?
	Errands		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Product Delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Customer Visits		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____
