

**GROUP TRANSPORTATION EXPOSURE QUESTIONNAIRE**

<b>Insured:</b>		<b>Policy/App Number:</b>								
<b>Vehicle/Travel Information</b>										
If there are more than 4 vehicles, please proceed to Page 2 and 3, as necessary.										
	<b>Vehicle # 1</b>		<b>Vehicle # 2</b>		<b>Vehicle # 3</b>		<b>Vehicle # 4</b>			
Type of Vehicle (car, van, truck, bus, trailer, train) including make, model & year										
Total number of seats										
Average number of employees transported										
Maximum number of employees transported										
Number of trips annually										
Vehicles Miles Traveled (MVT) per year										
Period of usage, if not year-round										
Long-haul, regional or local transportation										
Approx. average & maximum distance covered per trip	Avg	Max	Avg	Max	Avg	Max	Avg	Max		
Percentage Highway and/or City Travel	Hwy	City	Hwy	City	Hwy	City	Hwy	City		
Any travel out of state? If so, where & how often?										
Any travel outside of U.S.A.? If so, where & how often?										
Is the driver of the vehicle an employee of the Company?										
Is the vehicle owned or leased by insured, or third party contracted?										
Maintained in-house or by outside service?										
Frequency of service										
Where is vehicle garaged?										
Average and maximum number of vehicles on the road at one time	Avg		Max							
Please provide description of the nature / purpose of employee travel, noting any unusual or hazardous terrain to be encountered.										
<b>DRIVER INFORMATION</b>										
	<b>Operator #1</b>		<b>Operator #2</b>		<b>Operator #3</b>		<b>Operator #4</b>			
Type of License										
Does the driver of the vehicle work full time or part time for the company?										
Age of driver (or date of birth, if available)										
Details of MVR's, if any										
PLEASE PROVIDE DETAILS OF ALL LAND TRANSPORTATION CLAIMS WITHIN THE LAST FIVE YEARS										
Date of Loss	Claim Details - including number of lives involved in each accident							Amount Paid		
Are all vehicles are properly certified for road transportation?    Yes    No Are all operators of vehicles licensed to operate noted vehicles?    Yes    No Are all the vehicles equipped solely with factory installed seats?    Yes    No Will the number of employees transported ever exceed the number of factory installed seats in the vehicle?    Yes    No										
<b>Completed By:</b>					<b>Date:</b>					

Vehicle/Travel Information								
	Vehicle # 5		Vehicle # 6		Vehicle # 7		Vehicle # 8	
Type of Vehicle (car, van, truck, bus, trailer, train) including make, model & year								
Total number of seats								
Average number of employees transported								
Maximum number of employees transported								
Number of trips annually								
Vehicles Miles Traveled (MVT) per year								
Period of usage, if not year-round								
Long-haul, regional or local transportation								
Approx. average & maximum distance covered per trip	Avg	Max	Avg	Max	Avg	Max	Avg	Max
Percentage Highway and/or City Travel	Hwy	City	Hwy	City	Hwy	City	Hwy	City
Any travel out of state? If so, where & how often?								
Any travel outside of U.S.A.? If so, where & how often?								
Is the driver of the vehicle an employee of the Company?								
Is the vehicle owned or leased by insured, or third party contracted?								
Maintained in-house or by outside service?								
Frequency of service								
Where is vehicle garaged?								
DRIVER INFORMATION								
	Operator #1		Operator #2		Operator #3		Operator #4	
Type of License								
Does the driver of the vehicle work full time or part time for the company?								
Age of driver (or date of birth, if available)								
Details of MVR's, if any								

### Vehicle/Travel Information

	Vehicle # 9		Vehicle # 10		Vehicle # 11		Vehicle # 12	
Type of Vehicle (car, van, truck, bus, trailer, train) including make, model & year								
Total number of seats								
Average number of employees transported								
Maximum number of employees transported								
Number of trips annually								
Vehicles Miles Traveled (MVT) per year								
Period of usage, if not year-round								
Long-haul, regional or local transportation								
Approx. average & maximum distance covered per trip	Avg	Max	Avg	Max	Avg	Max	Avg	Max
Percentage Highway and/or City Travel	Hwy	City	Hwy	City	Hwy	City	Hwy	City
Any travel out of state? If so, where & how often?								
Any travel outside of U.S.A.? If so, where & how often?								
Is the driver of the vehicle an employee of the Company?								
Is the vehicle owned or leased by insured, or third party contracted?								
Maintained in-house or by outside service?								
Frequency of service								
Where is vehicle garaged?								

### DRIVER INFORMATION

	Operator #1	Operator #2	Operator #3	Operator #4
Type of License				
Does the driver of the vehicle work full time or part time for the company?				
Age of driver (or date of birth, if available)				
Details of MVR's, if any				