



**GROUP TRANSPORTATION EXPOSURE QUESTIONNAIRE**

Insured:		Policy/App Number:							
<b>Vehicle/Travel Information</b>									
If there are more than 4 vehicles, please proceed to Page 2 and 3, as necessary.									
	Vehicle # 1		Vehicle # 2		Vehicle # 3		Vehicle # 4		
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>									
	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									
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									
Completed By:					Date:				

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									

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.