



140 E. Main Street, Carmel IN 46032 T 317/844-8289; F 317/814-4794

### TRUCK DRIVING SCHOOL QUESTIONNAIRE

Be sure to include the following with this questionnaire:

1. List of driver instructors with dates of birth, dates of hire and years of experience as a truck driving school instructor. Include current MVRs for each driver instructor.
2. Equipment list of all power units and trailers owned by, leased by or used by the applicant. Equipment schedule to show model year, make, model, description, VIN and present or stated value
3. Currently valued company issued loss runs for the current policy year and previous three years.

Named Insured: \_\_\_\_\_ Contact name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City / ST / ZIP: \_\_\_\_\_  
 Physical location: \_\_\_\_\_ City / ST / ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address(es) of school facility(ies) and garaging location(s) of equipment

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Type of business entity:  Individual;  Partnership;  C Corp;  S Corp;  LLC  
 Other – describe: \_\_\_\_\_

Describe your training program. Attach brochures, catalogues, course descriptions or other material.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any professional or trade associations or organizations you belong to.

\_\_\_\_\_

#### Coverages requested

Auto liability; Limits: \_\_\_\_\_  
 UM/UIM; Limits: \_\_\_\_\_  
 Hired car  
 Auto physical damage  
 Specified perils  
Deductible: \_\_\_\_\_  
 General Liability; Limits: \_\_\_\_\_

PIP  
 Nonowned liability  
TIV: \_\_\_\_\_  
 Other than collision / Comprehensive  
Deductible: \_\_\_\_\_

Medical payments; Limits:  
 Collision;  
Deductible: \_\_\_\_\_

Include any descriptions or further detail to the following yes/no questions as appropriate

1. How many students do you train annually? \_\_\_\_\_
2. Do you train drivers other than your commercial truck drivers?  Yes;  No
3. Do you conduct on-site training at customer facilities?  Yes;  No
4. Are you authorized by the appropriate federal or state governmental agency to conduct commercial license testing?  Yes;  No
5. Do you train drivers to operate other than tractor / trailer units?  Yes;  No
6. Do you conduct driver safety programs?  Yes;  No
7. What are the minimum number of hours of behind the wheel training provided in your commercial driver training class? \_\_\_\_\_
8. What is the student : instructor ratio for behind the wheel training? \_\_\_\_\_
9. Is more than one student allowed in a tractor / trailer during over the road training?  Yes;  No
10. What are your sources for student loans? \_\_\_\_\_
11. Do you have a placement facility or provide placement services?  Yes;  No



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- 12. Do you provide driver or employee leasing to trucking companies, bus companies or others?  Yes;  No
- 13. Do you perform the maintenance on your own equipment? If you don't, who does the maintenance?  Yes;  No
- 14. As far as you know, are you in good standing with all federal or state or other governmental agencies or organizations responsible for education and driver training?  Yes;  No
- 15. As far as you know, have you or are you being investigated by any governmental authority(ies) regarding issuance of licenses or certificates?  Yes;  No
- 16. Do you ever haul the property of others in the trailers attached to your tractors during training?  Yes;  No
- 17. What is the distance (radius in miles) traveled from the school facility during behind the wheel training? \_\_\_\_\_
- 18. What is the minimum age for enrolled students? \_\_\_\_\_
- 19. Do you have a worker's compensation policy to cover your employees?  Yes;  No
- 20. Do you have an accident, death, & disability policy to cover your students?  Yes;  No

LOSS HISTORY	<u>Policy Dates</u>	<u>Carrier</u>	<u># Claims</u>	<u>Incurred Loss + Expense</u>
<i>Auto Liability</i>				
Current year	_____	_____	_____	_____
1 <sup>st</sup> prior	_____	_____	_____	_____
2 <sup>nd</sup> prior	_____	_____	_____	_____
3 <sup>rd</sup> prior	_____	_____	_____	_____
<i>Auto Physical Damage</i>				
Current year	_____	_____	_____	_____
1 <sup>st</sup> prior	_____	_____	_____	_____
2 <sup>nd</sup> prior	_____	_____	_____	_____
3 <sup>rd</sup> prior	_____	_____	_____	_____
<i>Other – describe:</i>				
Current year	_____	_____	_____	_____
1 <sup>st</sup> prior	_____	_____	_____	_____
2 <sup>nd</sup> prior	_____	_____	_____	_____
3 <sup>rd</sup> prior	_____	_____	_____	_____

Name of person completing this questionnaire: \_\_\_\_\_  
 Title: \_\_\_\_\_ Company or Organization: \_\_\_\_\_  
 Date: \_\_\_\_\_