

- ☐ Interstate Fire and Casualty Company
☐ Chicago Insurance Company
☐ Interstate Indemnity Company
☐ Fireman's Fund County Mutual Insurance Company

Driver Training Schools Application

Section I – General Information

- Policy Period Desired _____ Fax # _____
1. Insured Name _____ Phone # _____
 (dba) _____ Website: _____
2. Mailing Address _____
3. Insured is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Corp. ☐ Other _____
4. Years operating this business _____
 Have you ever operated under another name? ☐ Yes ☐ No
 If "Yes", what was the name of that operation? _____
 If this is a new venture, where did you get your experience? _____
5. Have you ever had insurance for this type of operation cancelled, declined, or renewal refused?
☐ Yes ☐ No If "Yes", explain _____

Section II – Description of Operations

6. Check all that apply:
☐ Educational Institution (vehicles used for driver training as part of school curriculum)
☐ Commercial Driving School (vehicles used by driving school to give driving instruction)
☐ Driver Testing Facility
☐ Handicapped Driver Training
☐ Other, explain _____
7. (a) Instruction given in what type of vehicle? ☐ Private Passenger ☐ Tractor ☐ Truck ☐ Van ☐ Bus
☐ Other, describe _____
 (b) Do you use the student's vehicle for Driver Training? ☐ Yes ☐ No
8. (a) Do you administer Driving Tests? ☐ Yes ☐ No
 (b) If yes, number of tests conducted annually: _____
 (c) If yes, do you test anyone other than your own students? ☐ Yes ☐ No
 (d) If "Yes", please explain _____
 (e) Do you use students vehicles for conducting final exams? ☐ Yes ☐ No If "Yes", please provide number of tests conducted annually _____
9. Are you a member of an Association or Institute which has certified your school? ☐ Yes ☐ No
 If "Yes", please identify the Association _____
10. What are your state's requirements for Driver Instruction training, licensing, certification? _____
 Are your instructors certified based on these state requirements? ☐ Yes ☐ No
11. Are instructors required to keep written logs on all driving lessons? ☐ Yes ☐ No
12. (a) Are there specific methods used for the following? ☐ Yes ☐ No
 Driving in heavy traffic, explain _____
 Defensive driving, explain _____
 Severe weather driving, explain _____
 (b) Show % of each. Over-the-Road Training _____% Training Lot _____% Classroom _____%
13. (a) If Truck or Tractor/Trailer used, do you haul actual loads "for hire" as part of training? ☐ Yes ☐ No
 If "Yes", please explain _____
 (b) Would you haul or train exclusively for one concern? ☐ Yes ☐ No
 If "Yes", advise who that concern is. _____

Section III – Area of Operations

14. Are there designated routes used by the school? ☐ Yes ☐ No
 Or alternately, is there an off street/road driving range used? If so, please describe _____
 What is the maximum radius of operation? _____

Section IV – Instructor Information15. Are periodic evaluations done on instructors? ☐ Yes ☐ No16. Are MVR's checked prior to hiring of instructors? ☐ Yes ☐ No

17. Describe the procedures in place for hiring of instructors _____

18. Are instructors/employees allowed to operate vehicles for personal use? ☐ Yes ☐ No

If "Yes", what criteria is in place for this usage? _____

	Instructor's Full Name	Date of Birth	Date Employed	Years of Instructor Experience	Drivers License Number/State
1.					
2.					
3.					
4.					
5.					

Section V – Vehicle Information

Unit No.	Model Year	Trade Name	Vehicle Type	Dual Controls and/or Brakes?	Complete VIN
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

19. Is there a vehicle maintenance program in place? (i.e., How often is maintenance done and by whom?) _____

20. Are units identified as driving school vehicles with visible signs? ☐ Yes ☐ No21. Do the units have any speed inhibitors on them? ☐ Yes ☐ No**Section VI – Previous Insurance and Loss Experience**

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.

Policy Year	Insurance Carrier	Policy #	Number of Accidents	Total Amount of Claims Paid		Total Amount of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From To							
From To							
From To							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, etc
From To							
From To							
From To							

**** FOR FLEETS CONSISTING OF FIVE (5) POWER UNITS OR MORE - HARD COPY LOSS RUNS ARE REQUIRED ****

Section VII - Coverage and Limits Requested**22. Liability Limits**

- A. Combined Single Limit: \$ _____ OR
B. Split Limits:
Bodily Injury \$ _____ each person
\$ _____ each accident
Property Damage \$ _____ each accident

C. Liability Deductibles:

- Bodily Injury only \$ _____
Property Damage only \$ _____
Bodily Injury and Property Damage \$ _____
Bodily Injury and Property Damage applied separately \$ _____

23. Do you desire Uninsured/Underinsured Motorist Coverage? (for requirements, check state statutes) ☐ Yes ☐ No
If "Yes", limit desired \$ _____

If required by state, please complete, sign and attach proper form for Selection or Rejection of this coverage.

24. Do you desire Personal Injury Protection? (for requirements, check state statutes) ☐ Yes ☐ No

If required by state, please complete, sign and attach proper form for Selection or Rejection of this coverage.

25. Do you desire Medical Payments Coverage? ☐ Yes ☐ No If "Yes", advise limit \$ _____

26. Physical Damage Coverage and Deductible selection.

Unit No.	Description	Stated Amount	Collision Deductible	Other than Collision Deductible	
				Specified Causes of Loss	OR Comprehensive

27. Loss Payable Name and Address (advise which unit this applies to) _____

28. List any Additional Insureds to be named and advise what their interest is in your operation _____

Section VIII - Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature

Date

Witness

Date

Agent:

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No
Did your office control this risk in the past year? ☐ Yes ☐ No

Agent's or Broker's Name

Telephone Number

Agent's Signature

Address

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of Insurance Fraud.