



**SynchroSure Excess Auto Supplemental Questionnaire**

**General Information**

Applicant Business Name: \_\_\_\_\_  
First Named Insured: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
DOT Number: \_\_\_\_\_ Website: \_\_\_\_\_  
Primary Business Auto use: \_\_\_\_\_ Secondary Class: \_\_\_\_\_  
General Business Description: \_\_\_\_\_

**Claims Information**

Claims in the last 3 years? :  Yes  No

Date of Loss	Total Loss	Outstanding Reserves	Loss Description

**Underwriting Questions**

- Does business provide delivery of their product?  Yes  No
- Does the business use a third party for delivery?  Yes  No
- Are all employed drivers between the ages of 21 and 65 years of age?  Yes  No
- Does the business use high occupancy vehicles to transport passengers/employees?  Yes  No
- What is the percentage of employee driver attrition over the last three years? \_\_\_\_\_%
- Are MVRs verified for any employee(s) that use a company owned vehicle?  Yes  No
- Are MVRs reviewed annually?  Yes  No
- Do employees operating company vehicles carry a Commercial Driver’s License?  Yes  No
- Do employees use their personal vehicles for company business?  Yes  No
- Do employees using personal vehicles carry at least \$500,000 Liability coverage?  Yes  No
- Is employee insurance verified annually?  Yes  No
- Do non-employees operate company vehicles?  Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

