

# Driver Training Schools Supplemental Questionnaire

National Fire & Marine Insurance Company  
National Indemnity Company of the South

(Complete in Addition to M-1025 General Liability Application)

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

1. Name of applicant: \_\_\_\_\_

*(Complete one questionnaire for each named insured and for each risk.)*

2. Physical location address: \_\_\_\_\_

3. Contact information for premium audits and inspections (name & phone): \_\_\_\_\_

4. Does your business maintain a website?  Yes  No

If yes, list the web address: \_\_\_\_\_

5. Do you have any operations, exposures, or ventures, active or inactive, not listed on this application?  Yes  No

a. If yes, provide entity name(s): \_\_\_\_\_

b. Do all entities carry General Liability insurance?  Yes  No If yes, name of insurer: \_\_\_\_\_

6. Length of time in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

7. How many owners, partners and officers? \_\_\_\_\_

8. How many employees other than owners, partners and officers? \_\_\_\_\_

9. Estimated upcoming annual payroll/receipts breakdown:

	Payroll	Receipts
Private Passenger Driver Training		
Truck/Tractor Driver Training		
Bus Driver Training		
Driver Testing - Private Passenger		
Driver Testing - CDL		
Other (describe)		
<b>Total</b>		

Describe other payroll/receipts: \_\_\_\_\_

10. Total payroll/receipts history:

Year	Payroll	Receipts
Last		
2 <sup>nd</sup> prior		
3 <sup>rd</sup> prior		
4 <sup>th</sup> prior		
5 <sup>th</sup> prior		

11. How many driver training vehicles are owned or operated by the school? \_\_\_\_\_

12. Do you carry Auto Liability Insurance on these vehicles?  Yes  No

If yes, name of insurer: \_\_\_\_\_

13. Do you use student owned vehicles for instructional purposes?  Yes  No

14. Are all driver training vehicles equipped with dual controls or brakes?  Yes  No

15. Are all instructional units clearly marked as student driven vehicles?  Yes  No

16. Is there any personal use of the driver training vehicles?  Yes  No

17. Instruction location breakdown:

Public Roads	Private Lot	Classroom	Other (describe)	Total
				100%

Describe other types of instruction: \_\_\_\_\_

18. Does your driver training operation provide student dormitories or student housing?  Yes  No

If yes, provide: Address: \_\_\_\_\_

Area (sq feet): \_\_\_\_\_ Number of beds: \_\_\_\_\_

19. Is your operation part of a school curriculum (e.g. high school, college, university)?  Yes  No

20. Loss details for the past three years (attach loss runs):

Date of Occurrence	Loss Description	Loss Amount (including reserves)

21. Has any prior insurance been cancelled or non-renewed?  Yes  No

If yes, explain: \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date