



Commercial Auto Application

Section 1 – Company and Contact Information

Company Tax ID (EIN): _____ Company Name: _____ DBA: McDonald's Policy Expire Date: _____

Owner/Operators Name: _____ Year's Experience with McDonald's: _____

Mailing Address:			Contact Persons Name:
			Email:
City:	State:	Zip:	Phone:

Section 2 – Driver Information Listing

Name	Sex	Mar. Stat	Date of Birth	Yrs Exp	Yrs Lic	Drivers License Number	State Lic	Date of Hired	Usage %



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Section 3 – General Information

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	<input type="checkbox"/>	<input type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		
			\$		

1.)Do you have driver safety standards and procedures?	Y / N
2.)Do all Drivers receive special internal training regarding Delivery Driver Safety?	Y / N
3.)Do you have a Driver Safety Orientation?	Y / N
4.)Do you report Claims within 24 hours of the accident and do accident investigation?	Y / N
5.)Do you have a process to inspect vehicles for proper maintenance and driver safety?	Y / N
6.)Do you use a formal process for screening driver applicants to ensure you are only hiring the best?	Y / N
7.)Do you run background checks on new driver applicants?	Y / N
9.)Do you run MVR's on new driver applicants?	Y / N
10.)Describe any other Driver Safety item you have in place to reduce and manage claims or describe past claims in more detail:	



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Section 4 – Vehicle Listing					
Driver	VIN	Make/Model/Year	Est. Current Value	Est. Value New	