

Auto Questions Continued

	Yes	No
7. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:		
a. Driver has more than 2 moving violations/accidents within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years (<i>DWI/DUI, reckless driving, leaving the scene, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
8. What types of driver training do you provide your drivers?		
Training methods: <input type="checkbox"/> Document Distribution <input type="checkbox"/> Online/Classroom Training <input type="checkbox"/> Road Testing <input type="checkbox"/> Other _____		
Training topics: <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Passenger Van <input type="checkbox"/> Weather-Related <input type="checkbox"/> Wheelchair Lifts <input type="checkbox"/> Other _____		
9. Do you have a distracted driver policy in place (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how is it enforced? _____		
10. Does management have and enforce a written policy restricting use of electronic devices (<i>including cellphones, smart phone technology</i>) while driving (<i>including employees or volunteers that drive their own vehicles for business use</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a dedicated risk manager for your auto fleet?	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ Title _____		
Email _____ Phone _____		
12. Do you utilize telematics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , on how many vehicles? _____		
13. Who is your current telematics provider? _____		
14. What type of telematics program are you using?		
<input type="checkbox"/> Data Sensors <input type="checkbox"/> Integrated GPS Navigation <input type="checkbox"/> Wireless Mobile Devices <input type="checkbox"/> Other _____		

Signature _____

Date Completed _____