

Account Number _____

AUTOMOBILE SURVEY

CHURCH MUTUAL INSURANCE COMPANY
3000 Schuster Lane, Merrill, Wisconsin 54452

Agent No. _____

Date Submitted: _____

Named Insured _____

Address _____ City _____ County _____ State _____ Zip _____

GENERAL INFORMATION (MUST BE COMPLETED FOR ALL AUTO RISKS)

 Applicant is: Church School/Day Care Camp College Long-Term Care Facility Denomination Headquarters

 Other: _____
 (Specify)

 1. Has the applicant had any auto losses during the past 3 years? Yes No If yes, provide description of each loss, amount of each loss, and action taken to prevent future losses.

2. Name person responsible for the vehicles. _____

 3. All vehicles titled in the name of the applicant? Yes No

 4. Are all vehicles being insured at this time? Yes No If no, give brief description. _____

5. Describe the use of the vehicles. _____

 6. Are persons under the age of 21 permitted to operate vehicles? Yes No If yes, **DO NOT BIND, REFER TO HOME OFFICE UNDERWRITER.**

 7. Is there a regular maintenance program? Yes No If yes, who does the maintenance? _____

BUS OR VAN OPERATIONS (COMPLETE ONLY FOR BUSES OR VANS, INCLUDING MINI VANS)

8. The applicant has owned a bus or van for _____ years.

 9. Is there supervision of children in a vehicle other than driver? Yes No

 10. Does applicant have a driver training program for drivers? Yes No If yes, does it include:

 A. Instructions as to the proper method of backing vehicle? Yes No

 B. Instructions on the loading and discharging of passengers so that they do not have to cross a street or highway to reach their destinations? Yes No

 C. Behind the wheel training for the vehicle to be driven? Yes No

 D. What to do in an emergency situation? Yes No

 E. A familiarization of the routes which will be driven? Yes No

 F. Instructions on the hazards of tailgating? Yes No

 G. Instructions to drivers to stop and open door of vehicles at all railroad crossings? Yes No

 H. Instructions to make a safety check of vehicle before operation? Yes No

I. Instructions on the importance of seat belt use by the driver and all passengers have access to seat belts.

 11. Applicant will use bus or van for Bus Ministry Scout Troop Youth Group Pastor or Other Employee Singing Groups
 For any use not listed, describe fully the operation or use: _____

 12. Are vehicles used for trips beyond a 100-mile radius? Yes No If yes, how many times a year? _____

 For what purposes is the bus used for trips beyond the 100-mile radius? _____
 (Who uses the vehicles and destination?)

What is the maximum distance (one way) for these trips? _____

 13. Are vehicles used for transporting passengers to a Day Nursery Day Care Center Kindergarten School
 If any of the above are checked, what vehicles are used? _____ How many days per week? _____
 (Vehicle Number)

 14. If a mini van is insured, is the mini van used only for limited passenger transportation and does it meet the qualifications for CMIC's "church bus van" classification? Yes No

USE FOR OTHERS:

15. Is any vehicle used to transport passengers for other than the applicant? Yes No If yes, give name of organization and vehicle number: _____
16. Is the vehicle always operated by our applicant's drivers? Yes No
17. Does applicant or driver receive a fee or reimbursement for use of vehicles? Yes No
18. Is there a written agreement? Yes No If yes, attach copy of agreement.
19. Is any vehicle used 4 or more times or more than 14 days per year transporting for others? Yes No If yes, how many times/days per year? _____
20. Is any vehicle operated beyond a 100-mile radius when transporting for others? Yes No

MISCELLANEOUS:

21. Are vehicles assigned to specific drivers? Yes No
22. Are vehicles operated by employees only? Yes No If no, by whom? Employee's Family
 Church Member Volunteer Driver Other _____
(Specify)
23. Are any vehicles garaged at driver's home? Yes No
24. Does applicant own any trailers? Yes No If coverage is desired, describe in Schedule of Vehicles.

BUS & VAN PHYSICAL INSPECTION
COMPLETE FOR ALL VEHICLES

ANY YES ANSWER MUST BE EXPLAINED IN REMARKS SECTION (If insured owns 3 or more Buses or Vans, use CMA 122).

- Unit No. _____ Year & Make _____
1. Annual Mileage _____
2. Date of Last Brake Inspection _____
3. Any Cracked or Broken Glass? Yes No
4. Any Body Damage? Yes No
5. Any Tires Bald or Showing Signs of Wear? Yes
6. R. and/or L. Outside Mirrors Missing or Broken?
 Yes No
7. Any Lights Not Working? Yes No
8. Is the Vehicle Safe for Its Intended Use? Yes No

- Unit No. _____ Year & Make _____
1. Annual Mileage _____
2. Date of Last Brake Inspection _____
3. Any Cracked or Broken Glass? Yes No
4. Any Body Damage? Yes No
5. Any Tires Bald or Showing? Yes No
6. R. and/or L. Outside Mirrors Missing or Broken?
 Yes No
7. Any Lights Not Working? Yes No
8. Is the Vehicle Safe for Its Intended Use? Yes No

REMARKS: *(When Explaining, Be Sure To Provide Unit Number & Question Number)*

ATTACH PHOTOS

Name of Person Completing This Survey _____ Date _____