

Insured: \_\_\_\_\_ Account No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**SUPPLEMENTAL SURVEY - GREYHOUND AND SIMILAR VEHICLES**

Here are some basic underwriting areas. Since an actual exposure may vary greatly, contact your underwriter for further requirements and review in all cases. Remember, these vehicles require prior home office underwriting approval.

Vehicle Description: \_\_\_\_\_

1. What was last year's annual mileage total? \_\_\_\_\_

Present odometer reading: \_\_\_\_\_

This year's expected mileage: \_\_\_\_\_

2. Describe trip use (be specific):

How often? \_\_\_\_\_

Where? \_\_\_\_\_

Out of state? \_\_\_\_\_

Out of USA? \_\_\_\_\_

Round trip miles involved: \_\_\_\_\_

3. Describe regular use, other than trip (be specific): \_\_\_\_\_

Who is being transported?  Church members Only?  Outside Organization?

What is the name of the organization or group? \_\_\_\_\_

• Why? \_\_\_\_\_

• Where? \_\_\_\_\_

• How often? \_\_\_\_\_

• Round trip miles involved: \_\_\_\_\_

4. Who are the regular assigned drivers? For these:

Need complete driver information, including violations, accidents, convictions, etc.

What is their experience and qualifications for operating this type of vehicle?

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5. Describe insured's pretrip and regular maintenance program.

How often? \_\_\_\_\_

Who? \_\_\_\_\_

Qualifications? \_\_\_\_\_

6. Ever loaned or used by outside persons or groups for any reason?  Yes  No

If yes, describe: \_\_\_\_\_

Is there a fee or donation charged?  Yes  No

7. If this is for an acquired vehicle, we also need its:

- Photos.
- Complete vehicle description, including trade name, year, serial number, and passenger capacity.
- Purchase price.
- Original cost new (sticker price).

Is it part of a trade-in with some other owned vehicle?  Yes  No

Describe: \_\_\_\_\_

8. Who is it purchased from?

Private Party  Charter Bus Company  Auto Dealership

Describe: \_\_\_\_\_

9. What is the physical condition of vehicle at time of sale? \_\_\_\_\_

Date and results of latest mechanical inspection: \_\_\_\_\_

- Who did the work? \_\_\_\_\_
- Qualifications: \_\_\_\_\_

10. In your professional opinion, is this a desirable risk for Church Mutual?  Yes  No