



## Driver Training Schools-Private Questionnaire (Attach to an Acord application)

Applicant's name _____				
Address _____				
Street		City	State	Zip
Applicant's website address _____		Contact's email address _____		

NOTE: The following types of driver training schools are not eligible for this program:

- |        |                         |                       |                        |
|--------|-------------------------|-----------------------|------------------------|
| CDL    | Professional drivers    | Motocross             | Watercraft             |
| Buses  | Races or rally stunting | Snowmobiles           | Go-karts               |
| Trucks | Performance vehicles    | ATVs or four-wheelers | Contractor's equipment |

- 1) Is the Driver Training School licensed/certified as needed with state regulators? Yes No  
If yes, check all licenses/certifications that apply:  
 CDL             Private Passenger     Motorcycle         Other (describe) \_\_\_\_\_
- 2) Are all vehicles clearly marked as driver training vehicles? Yes No
- 3) Do all vehicles have passenger side brakes? Yes No
- 4) Total # of instructors? \_\_\_\_\_ Do any hired instructors use their own vehicle for driver training? Yes No  
\*If yes, attach separate sheet listing hired instructors and their vehicles used.
- 5) Has any instructor had their driver-training license or certification revoked or suspended in the last 5 years? If yes, provide details. \_\_\_\_\_ Yes No
- 6) Are Motor Vehicle Records obtained before hiring instructors? Yes No
- 7) Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers? Yes No  
If yes, how often? \_\_\_\_\_
- 8) Does the applicant verify employment/volunteer related references? Yes No  
If yes, how and how often? \_\_\_\_\_
- 9) Does the applicant conduct personal interviews? Yes No
- 10) Does the applicant discuss the following items at orientation?  
Abuse and Molestation Yes No  
How to recognize the signs of abuse? Yes No  
What to do if an individual reports someone molested him/her? Yes No
- 11) Does the applicant have knowledge of any incident which could give rise to, or result in, an allegation of sexual abuse? Yes No  
If yes, please explain: \_\_\_\_\_
- 12) Has there ever been an allegation of sexual abuse made against the insured? Yes No  
If yes, please explain: \_\_\_\_\_



13) Provide location address and square footage of all classroom facilities owned or rented to you:  
 (If more than 4 locations, please attach additional locations and square footage amounts)

Location 1 address: \_\_\_\_\_ sq. ft.  
 Location 2 address: \_\_\_\_\_ sq. ft.  
 Location 3 address: \_\_\_\_\_ sq. ft.  
 Location 4 address: \_\_\_\_\_ sq. ft.

14) Are any online courses offered?  Yes  No  
 If yes, describe type, states for which classes are offered and annual number of students enrolled for online work.

\_\_\_\_\_

15) Describe garaging facilities \_\_\_\_\_

16) Does the insured follow a written maintenance schedule for the vehicles?  Yes  No

**Please attach printed loss runs for both General Liability and Auto.**

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.		
_____ Applicant's Signature		_____ Date
_____ Agent's Signature	_____ Agency Name	_____ Date