



**CNA HEALTHCARE AGING SERVICES
AUTOMOBILE APPLICATION**

Corporate/Parent Information

Corporate/Parent Name: _____	For-Profit	Individual
Corporate Address: _____	Not-for-Profit	Partnership
City: _____ State: _____ Zip: _____	Religious Affiliation	Corporation
	Hospital Affiliated	

General Information

Total Number of Vehicles requesting to be insured: _____

Are any owned vehicles titled in the insured's name not included in the schedule of vehicles?	Yes	No
Are any vehicles included in the schedule of vehicles titled in any name other than the named insured?	Yes	No
Are any owned vehicles used in "for hire" operations?	Yes	No
Does applicant have an agreement with any ride-sharing companies for resident transport?	Yes	No
Do you permit company-owned vehicles to be used for ride-sharing?	Yes	No
Are any of your vehicles retrofitted with after-market equipment?	Yes	No
Do you provide transportation for Adult Day Care?	Yes	No

Vehicle Maintenance/Fleet Safety Program

Do you maintain a documented fleet safety program?	Yes	No
Are employees/drivers required to acknowledge in writing that they have read the safety program?	Yes	No
Are your vehicles equipped with GPS and/or Telematic devices?	Yes	No
Do you provide employee transportation to work?	Yes	No
Does your Fleet Safety Program include drug testing procedures?	Yes	No
Does your Fleet Safety Program include accident reporting procedures?	Yes	No
Does your Fleet Safety Program include vehicle maintenance procedures?	Yes	No
Are maintenance records maintained on each vehicle?	Yes	No

Driver Records (MVRs)/Driver Selection Process

Do you have written MVR acceptability guidelines?	Yes	No
Do you obtain MVRs on all new drivers?	Yes	No
Do you obtain MVRs on an annual basis?	Yes	No
Do you order an MVR(s) on the driver(s) following an accident?	Yes	No
Do you maintain a file on each driver, including family members, with access to owned vehicles?	Yes	No
Do you require Commercial Driver's License (CDL) drivers to have a minimum of 3 years commercial vehicle driving experience?	Yes	No



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Personal Use Exposure

Is any personal use of company-owned vehicles permitted? Yes No

Are family members, friends, volunteers or others permitted to drive company-owned vehicles? Yes No

Does the drivers list include all individuals who have permission to drive company-owned vehicles? Yes No

Non-Owned Automobile Exposure

# of Employees	# of Volunteers	Usage	Average trips per week
		Errands	
		Resident Transport	
		Home Visitation	
		Home Meal Delivery	
		Corporate Travel	

What personal automobile insurance limit is required of employees or volunteers using their personal automobiles on behalf of your organization Not Required Statutory Minimum

Please list limit required _____

Hired Auto Exposure

Are vehicles leased, hired, rented or borrowed for use on behalf of your organization on a routine basis? Yes No

If "Yes", for what purpose are they leased, hired, rented or borrowed? _____

How frequently are automobiles leased, hired, rented or borrowed? Daily Weekly Monthly

What is the annual cost spent on automobiles leased, hired, rented or borrowed? _____

Risk Management

Are resident transport vehicles equipped with SURE-LOK® or equivalent wheelchair securement and occupant restraint systems? Yes No

Are employees trained annually on wheelchair securement and occupant restraint system usage? Yes No

Are employees trained annually on proper wheelchair lift policy and procedures? Yes No

Are vans and buses equipped with placards that note the height of the vehicles? Yes No

Are all resident transport vehicles equipped with backup cameras or parking sensors? Yes No

Are resident transport vehicles equipped with standardized hands free devices? Yes No

Do policies and procedures address distracted driving issues, including the use of cell phones? Yes No

Driver Training/Requirements New Employee Every Employee Annually



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WARRANTY: I HAVE ANSWERED THE QUESTIONS IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS TO IT (HEREINAFTER COLLECTIVELY KNOWN AS "APPLICATION"), TRUTHFULLY, ACCURATELY, AND COMPLETELY, AND HAVE NOT WITHHELD ANY INFORMATION THAT WOULD INFLUENCE THE JUDGMENT OF THE COMPANY. MY SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. THIS APPLICATION WILL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. I AGREE THAT THE STATEMENTS IN THE APPLICATION SHALL BE DEEMED MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE COMPANY UNDER THE POLICY, IF ISSUED, AND THAT THIS APPLICATION SHALL BE ON FILE WITH THE COMPANY AND SHALL BE DEEMED TO BE ATTACHED TO AND MADE PART OF THE POLICY, IF ISSUED, AS IF PHYSICALLY ATTACHED THERETO. I UNDERSTAND THAT ANY MISREPRESENTATION IN THE APPLICATION WILL RENDER THE POLICY, IF ISSUED, NULL AND VOID OR DEEM THE POLICY VOID AB INITIO SO THAT NO COVERAGE WILL BE AVAILABLE UNDER THE POLICY, IF ISSUED.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES **(For District of Columbia residents only:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) **(For Florida residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) **(For Kansas residents only:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.) **(For Louisiana residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) **(For Maine residents only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) **(For Maryland residents only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) **(For New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.) **(For New York residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) **(For Oklahoma residents only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) **(For Oregon residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) **(For Pennsylvania residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) **(For Puerto Rico residents only:** Any person who knowingly and with the intention of defrauding, presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction, shall be sanctioned for each violation with a fine of not less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.) **(For Rhode Island residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **(For Tennessee residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits.) **(For Vermont residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) **(For Virginia residents only:** (It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.) **(For Washington residents only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.) **(For West Virginia residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.)



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A signature from the Applicant can be obtained electronically or as a "wet" signature prior to quote or binding.

If the Applicant decides to submit its signature electronically, the Applicant must check the "Accept" button below. By doing so, the Applicant hereby consents and agrees that its use of a key pad, mouse or other device to check the "Accept" button constitutes its "signature", acceptance and agreement as if actually signed by the Applicant in writing and has the same force and effect as a signature affixed by hand. Further, the Applicant agrees the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of its signature of any resulting contract. After checking the "Accept" button, the Applicant must type in the name of the person completing this application, including the Applicant's title and the date signed.

If the Applicant decides to submit a "wet" signature, the Applicant must sign, and add the title and date to the Application prior to quoting or binding.

SIGNATURE

Accept

Name

Title

Date

An insurance agent is required to transact your business with CNA.

Is your agency Retail OR Wholesale

Agency Name

Address

Individual Agent Submitting Application

E-Mail Address

Phone

This product will be underwritten by one of the CNA property/casualty insurance companies. CNA is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. Copyright © 2020 CNA. All rights reserved.