



Current total number of driver trainers: \_\_\_\_\_

During the last 12 months, how many drivers have you: Replaced? \_\_\_\_\_ Added? \_\_\_\_\_

Do you provide Workers' Compensation insurance for ALL drivers? Yes No

If Yes, please specify Insurance carrier: \_\_\_\_\_

Do your driver selection procedures include?

Yes      No

Written application

Written test

Road test

Physical exam

Drug testing

Are Motor Vehicle Records and background checks conducted on your driver trainers? Yes No

Within the last three years has your insurance ever been cancelled or non-renewed? Yes No

If Yes, why? \_\_\_\_\_

**COVERAGE INFORMATION - Please Check the Coverages and Limits Requested**

**LIABILITY COVERAGES**

Liability Limit            \$500,000 CSL\*    \$750,000 CSL\*    \$1,000,000 CSL\*

Basic Personal Injury Protection (if applicable): \_\_\_\_\_

Property Protection Insurance (Michigan only): \_\_\_\_\_

Basic split limit Uninsured Motorists (UM): \_\_\_\_\_

Higher limits and/or UIM (Underinsured Motorists) coverage, when not included in UM, quoted upon request.

Hired Auto Liability: Yes No

Employer's Non-Ownership Liability: Yes No

**PHYSICAL DAMAGE COVERAGES**

Specified Perils:            \$1,000 deductible    \$2,500 deductible    \$5,000 deductible

Collision:                    \$1,000 deductible    \$2,500 deductible    \$5,000 deductible

**GENERAL LIABILITY COVERAGES**

\$500,000 CSL\*    \$750,000 CSL\*    \$1,000,000 CSL\*

\*Combined Single Limit

Please indicate Square Footage for:

No.	Location	Owned (O) Or Leased (L)	Office Area	Parking	Vacant Land
1.					
2.					
3.					

**Location Information (cont'd):**

No.	Fenced	Security Guards	Firearms Carried	Lighted	Guard Dog(s)
1.	Yes No	Yes No	Yes No	Yes No	Yes No
2.	Yes No	Yes No	Yes No	Yes No	Yes No
3.	Yes No	Yes No	Yes No	Yes No	Yes No

**OTHER GENERAL LIABILITY EXPOSURES**

Describe and Provide Basis of Rating:

A. Are there any Underground Storage Tanks on the Premises? Yes No

If Yes, please identify the type and location: \_\_\_\_\_

B. Are there any Above Ground Storage Tanks on the Premises? Yes No

If Yes, how many gallons capacity are these tank(s) and what is stored in them? \_\_\_\_\_

C. What were your gross receipts this past year? \_\_\_\_\_

D. How many students did you train this past year? \_\_\_\_\_

E. Do you have any mobile equipment? Yes No

If Yes, please list. \_\_\_\_\_

Please list all General Liability losses by year for current and past three (3) Years. *(Please Attach Loss Runs.)*

Current Year: \_\_\_\_\_

\_\_ / \_\_ / \_\_\_\_: \_\_\_\_\_

\_\_ / \_\_ / \_\_\_\_: \_\_\_\_\_

**Please email the completed quote sheet along with the following information to****[Office@DupuyInsurance.com](mailto:Office@DupuyInsurance.com):**

- Currently valued loss runs (3+ years valued within 60 days)
- The attached driver schedule
- The attached equipment schedule



# EQUIPMENT SCHEDULE

Unit #	Year	Make	VIN / Serial #	Leased/ Owned	Gross Veh. Weight (GVW)	Garage Location City & State	Actual Cash Value (ACV)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Unit #	Loss Payee (if any)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	