



State Office of Risk Management

FY17 AUTOMOBILE INSURANCE

MASTER AUTO PROGRAM APPLICATION

POLICY PERIOD: 9/1/16 TO 9/1/17

I. PARTICIPANT INFORMATION

Agency Number:

Primary Contact Name:

Agency Name:

Email:

Agency FICE No.:

Phone Number:

Address:

City, State, Zip:

II. DRIVER LIABILITY EXPOSURE

1. Please estimate the total number of drivers for the Agency (includes volunteers in both state owned and personally owned vehicles):

2. Does the Agency maintain a current list of drivers internally which include name, date of birth and driver's license number? No Yes
3. Do authorized drivers use personally owned vehicles while in course and scope of Agency business (including incidental errands)? No Yes
 - a. If yes, does the Agency obtain employee acknowledgements of state required personal automobile insurance? (Usually an HR form) No Yes
4. Does the Agency ever rent vehicles other than through the state car rental contracts? No Yes
 - a. If yes, for what purpose?

5. Does the Agency authorize travel outside the state of Texas? No Yes
 - a. If yes, list common states of travel below- how often in use and for what purpose:

6. Does the Agency authorize travel outside the United States? No Yes
 - a. If yes, is there operation of a motor vehicle, or unit (including golf carts)? No Yes
 - b. If yes, list countries vehicle(s) operated (owned and rented), how often, duration, and purpose of travel:

III. AGENCY OWNED VEHICLE EXPOSURE



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1. Does the agency own any motor vehicles, trailers, or mobile equipment? No Yes

If no, skip to IV

2. Will the Agency owned vehicles be insured in this policy? No Yes

a. If yes, please attach the most current schedule of vehicles.

b. Are employees authorized to use Agency owned or leased vehicles for personal use? No Yes

c. If yes, how many Agency vehicles is this allowed for?

3. Does the Agency have a fleet management program? No Yes

If no, skip to IV

a. If yes, please submit a copy with this application.

b. Does the program follow the Texas Procurement and Support Services (TPASS) fleet plan?

No Yes If yes, skip to IV

c. Does the program include a fleet inventory procedure? No Yes

d. Does the program include routine maintenance procedures? No Yes

e. Does the program include unit decommission or replacement procedure? No Yes

IV. PROGRAM MANAGEMENT

1. Describe the Agency's Authorized Driver Program?

a. Please submit a copy of the Authorized Driver Program with this application.

b. Does the program provide minimum driver qualifications? No Yes

c. Does the program provide traffic safety or defensive driver training? No Yes

d. Does the program outline who approves authorized drivers, including Employees, Students, and Volunteers)? No Yes

i. If so, who has this authority?

2. Are Motor Vehicle Records (MVRs) ordered on authorized drivers? No Yes

a. If yes, how often?

b. If yes, how are they reviewed?

3. Does the Agency have a procedure on how to file an auto related claim? No Yes

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a. Please submit a copy of the claims filing procedure with this application.

4. Do you conduct post-accident investigation after an accident occurs? No Yes

a. If yes, who conducts the investigation?

5. Has the Agency paid any liability claims for motor vehicle accidents in the past 3 years (new participants only)? No Yes

a. If yes, please provide the claims history details:

6. Have there been changes in your program in the last 12 months (i.e. such as post-accident drug/alcohol screening, required training, etc.)? No Yes

a. If yes, please provide the details:

7. What is the Agency's protocol to review and implement changes to its Program?

8. Are there any safety incentives for personnel to encourage safe driving and following agency protocols? No Yes

a. If yes, explain:

9. For individuals that fail to comply with safety standards/guidelines, what type of corrective action is in place? Please explain:

V. ADDITIONAL INFORMATION

Would the Agency like additional information or resources on any of the following? No Yes

Please rank the below area by importance - 1 being the least / 5 being the most:

On-site Driver Safety Training (Available through SORM)	_____
Assistance with developing or enhancing an Agency Driver Program	_____
Assistance with obtaining or evaluating MVRs	_____
Assistance with developing or enhancing an Auto Claim Reporting Procedure	_____
Assistance with developing or enhancing a Fleet Management Program	_____
Information on TPASS and OVFM state fleet management plans information	_____
On Mexico Travel Insurance	_____



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On-Line Driver Training

Other services or needs (please attach separate document):

Prepared by/Signature

Date