



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:

Agency Name:

Agency FICE No.:

Address:

City, State, Zip:

Primary Contact Name:

Email:

Phone Number:

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