



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



CNA HEALTHCARE AGING SERVICES  
AUTOMOBILE APPLICATION

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



## CNA HEALTHCARE AGING SERVICES AUTOMOBILE APPLICATION

**WARRANTY:** I HAVE ANSWERED THE QUESTIONS IN THE APPLICATION TO THE BEST OF MY ABILITY AND DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND CORRECT. MY SIGNING OF THE APPLICATION DOES NOT BIND THE INSURANCE COMPANY TO ISSUE AN INSURANCE POLICY, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. I FURTHER UNDERSTAND THAT ANY INCORRECT OR INCOMPLETE STATEMENT IN THE APPLICATION COULD VOID MY COVERAGE IF A POLICY IS 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.)



CNA HEALTHCARE AGING SERVICES  
AUTOMOBILE APPLICATION

**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.

**ELECTRONIC 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.*