

Driving School Supplement



Name of Applicant/Insured:	Policy Number:	Effective Date:
Broker Name and Number:		In Business Since:

DRIVER INFORMATION (Complete list of all drivers including their date of birth, license number and training experience.)

Name	Date of Birth	License Number	Training	Years Experience

What are the qualifications of the instructors?

What training is provided to the instructors?

Are periodic evaluations of instructors being done? Yes ☐ No ☐
If yes, how frequently?
What standards are applied?

Do instructors keep a written log on all driving lessons? Yes ☐ No ☐
What is the ratio of instructors to students?

AUTOMOBILE INFORMATION

Automobile (include model year, make and model)	Serial Number	List Price New	Operating City

Are all automobiles equipped with dual controls? Yes ☐ No ☐
If yes, what type of dual controls does the vehicle have?

Are all automobiles clearly marked as a driving school with signs visible to other drivers on the road? Yes ☐ No ☐
If yes, please provide details:

Are the automobiles used for any other reason than driving lessons (other than personal, pleasure use)? Yes ☐ No ☐
If yes, please provide details on automobile use including radius of operation, principal operator and how often?

AUTOMOBILE MAINTENANCE	
Does the Insured have a preventative maintenance schedule in place for all automobiles? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the driving school repair its own automobiles? If no, who performs the work? Is there a contract in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the current condition of the automobiles?	
Are drivers / instructors required to check the condition of the automobiles prior to each lesson? If yes, how? Provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any 'non-owned' automobiles used for business purposes? If yes, how? Provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

COURSE MATERIAL			
Number of instruction hours spent in the classroom:		In the automobile:	
What is the ratio between in class and behind the wheel instruction?			
Does the educational program include standardized methods of formal instruction in:			
Driving in heavy traffic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Defensive driving	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reacting in emergencies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skid control	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving in poor weather	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:	

MISCELLANEOUS	
Is there any personal use allowed by instructors or their family members? If yes, list all other drivers (include name, license number, date of birth and automobile use:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where are the automobiles garaged during non-business hours?	
Are there security measures in place? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant / Insured:	Date:
Signature of Broker:	Date: