



VAN QUESTIONNAIRE

POLICY #: _____ INSURED: _____

Please complete the following:

1. Are you transporting patients for hire? Yes No

2. Are you transporting your own patients? Yes No

3. Where are patients transported and how often? _____

4. What category is this risk? (headstart program, drug/alcohol rehab, halfway house, vocational center, etc.)

5. How are patients restrained in the vehicle? _____

6. Any volunteer drivers? Yes No

7. Please list all drivers and years experience they have hauling passengers:

8. Please list all Vans needing coverage:

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No

Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No

Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____

Year, Make, Model/Vin: _____

Seating Capacity - # Passengers _____

Minivan? Yes No Wheelchair lift? Yes No

Number of Wheelchair tie downs: _____

Number of Wheelchairs being transported at any given time: _____