



Mid America Specialty Markets
 2800 Forum Blvd Suite 4B
 Columbia, MO 65203
 573-447-4990
 agencymail@midaminsurance.com

Driver Training Schools-Private Questionnaire (Attach to an Acord application)

Policy Number: _____

Applicant's name _____

Address _____

Street City State Zip

Applicant's website address _____ Contact's email address _____

NOTE: The following types of driver training schools are not eligible for this program:

- | | | | |
|--------|-------------------------|-----------------------|------------------------|
| CDL | Professional drivers | Motocross | Watercraft |
| Buses | Races or rally stunting | Snowmobiles | Go-karts |
| Trucks | Performance vehicles | ATVs or four-wheelers | Contractor's equipment |

- 1) Is the Driver Training School licensed/certified as needed with state regulators? Yes No
 If yes, check all licenses/certifications that apply:
 CDL Private Passenger Motorcycle Other (describe) _____
- 2) Are all vehicles clearly marked as driver training vehicles? Yes No
- 3) Do all vehicles have passenger side brakes? Yes No
- 4) Total # of instructors? _____ Do any hired instructors use their own vehicle for driver training? Yes No
 *If yes, attach separate sheet listing hired instructors and their vehicles used.
- 5) Has any instructor had their driver-training license or certification revoked or suspended in the last 5 years? If yes, provide details. _____ Yes No
- 6) Are Motor Vehicle Records obtained before hiring instructors? Yes No
- 7) Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers? Yes No
 If yes, how often? _____
- 8) Does the applicant verify employment/volunteer related references? Yes No
 If yes, how and how often? _____
- 9) Does the applicant conduct personal interviews? Yes No
- 10) Does the applicant discuss the following items at orientation?

Abuse and Molestation	<input type="checkbox"/> Yes <input type="checkbox"/> No
How to recognize the signs of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What to do if an individual reports someone molested him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- 11) Does the applicant have knowledge of any incident which could give rise to, or result in, an allegation of sexual abuse? Yes No
 If yes, please explain: _____
- 12) Has there ever been an allegation of sexual abuse made against the insured? Yes No
 If yes, please explain: _____



13) Provide location address and square footage of all classroom facilities owned or rented to you:
 (If more than 4 locations, please attach additional locations and square footage amounts)

Location 1 address: _____ sq. ft.
 Location 2 address: _____ sq. ft.
 Location 3 address: _____ sq. ft.
 Location 4 address: _____ sq. ft.

14) Are any online courses offered? Yes No
 If yes, describe type, states for which classes are offered and annual number of students enrolled for online work.

15) Describe garaging facilities _____

16) Does the insured follow a written maintenance schedule for the vehicles? Yes No

Please attach printed loss runs for both General Liability and Auto.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.		
_____ Applicant's Signature	_____ Date	
_____ Agent's Signature	_____ Agency Name	_____ Date