



Brown & Brown of Garden City, Inc.
 595 Stewart Avenue
 Garden City, NY 11530
 P: (516) 247-5900 | F: (516) 217-1352
bbinsgc.com

EMPLOYEE/VOLUNTEER TRANSPORTATION QUESTIONNAIRE

Name of Insured: _____

1. Do you allow employees/volunteers to transport campers in their personal vehicles? Yes — *if yes, please complete this form*
 No — *if no, you do not need to complete this form*
 If yes, how many employees/volunteers are approved to transport campers? _____
2. What is the maximum capacity of the largest private passenger vehicle used? _____
3. Please list the maximum driving radius of any one employee/volunteer driver: _____
4. Have the employee/volunteer transporters' vehicles been inspected by camp mechanics/independent mechanics to verify auto fitness and child restraints present? Yes No
 - a. If so, what minimum qualifications are required of said mechanics? Please list. _____
 - b. If so, please attach a sample of the auto inspection sheet used. If not, why not? _____
5. Who is responsible for reviewing child safety restraint laws? _____
6. As respects the laws in your state, for what age and weight do the following child safety restraints apply:

a. seat belt only	age: _____	weight: _____
b. belt positioning booster seat	age: _____	weight: _____
c. car seat	age: _____	weight: _____
7. Are all employee/volunteer drivers trained in the proper installation and use of child safety restraints? Yes No
8. Who is responsible for making sure that all employee/volunteer drivers are in compliance with the child safety restraint laws in your state?

9. Are these employee/volunteer drivers screened with all other staff drivers? Yes No
 If no, why not? _____
10. Are these employee/volunteer drivers put through the same driver training as all other staff drivers? Yes No
 If no, why not? _____
11. Is the camp requiring all employee/volunteer drivers to provide proof of personal lines Insurance coverage? Yes No
 If no, why not? _____
 If yes, what minimum liability limits are required? \$ _____
12. If employee/volunteer drivers are being compensated for this task, please list amount of annual compensation: \$ _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature _____ Date (MM/DD/YYYY) _____