

PERSONAL VEHICLE FOR BUSINESS USE - SCORECARD



According to the Census Bureau, there are over 240 million registered vehicles in the United States, and one-fourth of those are used for some type of business use. Even if your employees have an insurance policy for their personal vehicles, in the event of a serious accident that occurs during commercial use, your organization may be targeted to collect additional damages.

In order to identify how your employees' vehicles may give your organization additional liability, it's important to review how your workforce uses personal vehicles, the amount of personal auto insurance drivers carry and any unsafe driving habits.

Instructions: Begin by answering the questions below. Each response will be given a numerical value depending on the answer:

Yes/True: 5 points | **No/False:** 0 points | **Unsure/Maybe:** 5 points

After completing all of the questions, total your score to determine the level of your organization's personal auto risk using the scale below.

QUESTIONS	YES	NO	UNSURE	SCORE
1. Does your organization allow employees to pick up or drop off work-related items using their vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Can your employees use their vehicles at any time of the workday or without the authorization of a manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do any of your employees use their vehicles to travel between different work locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your organization allow employees to pick up or drop off customers, clients, co-workers or other individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do any of your employees drop off goods or other items for a fee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do any of your employees use their personal vehicles to work for a ride-sharing app such as Uber or Lyft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does your organization allow employees to use personal vehicles to visit clients, customers, vendors or other third-party worksites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are any of your employees required to carry out ongoing, permanent or long-term job responsibilities that involve driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have any of your employees' family members driven personal vehicles that are used for substantial business use, or that contain work-related equipment or documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have any of your employees ever used personal funds to rent a car while traveling for business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The following questions use a different numerical value for each answer:

Yes/True: 0 points | **No/False:** 5 points | **Unsure/Maybe:** 5 points

QUESTIONS

YES NO UNSURE SCORE

QUESTIONS	YES	NO	UNSURE	SCORE
11. Does your organization require employees to submit driving records before they use personal vehicles for business use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are employees required to notify your organization of any traffic violations, accidents or other roadside incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does your organization keep records on employees' personal auto insurance policies, including coverage limits and endorsements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Does your organization have a list of drivers who are approved to use personal vehicles for business use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has your organization created standards that vehicles must meet before being used for business use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Are employees required to follow a company policy for vehicle use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you know if your organization's current insurance policies would provide enough coverage to pay for excess damage caused by a vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Would your regular operations be affected if an accident put an employee or vehicle out of commission for an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has your organization considered how post-accident premium increases would impact your bottom line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do your organization's insurance policies provide coverage for medical bills that might result from an accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SCORE				

Low risk: 0-10. Contact RiskSOURCE Clark-Theders to confirm.

Moderate risk: 15-25. Contact RiskSOURCE Clark-Theders to confirm.

High risk: 30-50. Contact RiskSOURCE Clark-Theders to confirm.

Escalated risk: 55-100. Contact RiskSOURCE Clark-Theders to confirm.