



**Industrial Aid Land Reinsurance Questionnaire**

*\*Please ensure that the questionnaire is signed & dated below. Add more table rows if needed.*

Insured:	
Address:	

Vehicle Type	One-way Trip Distance (Miles)	Daily Frequency (i.e. 2 if round-trip)	Working Days per Week	Working Weeks per Year	Vehicle Miles Travelled per Year	No. of Passenger Seats	Average No. of Passengers	Purpose of Employee Travel?	Is the vehicle owned/leased by the Insured or 3rd party contracted?	Is the driver of the vehicle an employee of the Insured? Y/N	Percentage of Highway vs. City Travel?
					0						
					0						
					0						
					0						
					0						
					0						
					0						
					0						
					0						
					0						
					0						

Please provide a description of the nature of employee travel, noting any unusual or hazardous terrain to be encountered.	
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Loss experience for the past 10 years (date of accident, description, loss incurred):	
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Questionnaire completed by:	
Date completed:	