UNIVERSITY OF MIAMI DEPARTMENT OF RISK MANAGEMENT

VEHICLE QUESTIONNAIRE

To complete this form, please do the following:

1. Fill out every relevant blank. Those which do not apply please fill in with "**NA**"
2. Blanks marked with an (*) **must** be completed or the form will not be processed.
3. Once completed, press "**SUBMIT**" or **Scan** and **Email**: riskmanagement@miami.edu

Please review our privacy statement (http://www.miami.edu/index.php/privacy_statement/) relating to gathering personal information before proceeding.

Biographical Information

*Department: *Department Phone: *Email:

*UM Contact Person: *Campus: *Calendar Year:

Vehicle Information

*Vehicle Year: *Make: *Model: *Color: *VIN #:

*Tag #: *UM Vehicle #: *Estimated Current Value: *Vehicle Type: Car

*Is this vehicle a trailer? Yes ☐ No ☐

If yes, please do the following:

1. List the UM Affiliated vehicle to be used with the trailer: VIN#: Make: Model: Year: Tag #:
2. Check below to confirm review of "Use of Trailers" in the document, ***BSL-025 Fleet Safe Driver Program***
   Please see (www.miami.edu/riskmanagement/), look under "Policies and Procedures" to review

   Policy Reviewed: ☐

General Information

Please complete the following:

1. *The vehicle is Owned ☐ Leased ☐ or Loaned ☐ by the University of Miami.
2. *What is the expected date of delivery?
3. *Is the vehicle assigned to a specific UM Employee? Yes ☐ No ☐

   If yes, please provide: Driver's Name: DL#:
4. *Department Account #: This will be needed for future insurance billing.

Submission

Press "SUBMIT" when completed to send directly to the Department of Risk Management or deliver to:

Submit

UM Department of Risk Management
riskmanagement@miami.edu
PO Box 248106
Coral Gables, FL 33124-2945
Phone: 305-284-3163, Fax: 305-284-3405

Clear