

**UNIVERSITY OF MIAMI**  
**DEPARTMENT OF RISK MANAGEMENT**  
**VEHICLE QUESTIONNAIRE**

To complete this form, please do the following:

1. Please fill out the form in its entirety. If section does not apply, please fill in with "NA"
2. Once completed, press "SUBMIT" or Scan and Email: [riskmanagement@miami.edu](mailto:riskmanagement@miami.edu)

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

**A. Departmental Information:**

Department: \_\_\_\_\_ Department Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
UM Contact Person: \_\_\_\_\_ Campus: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

**B. Vehicle Information:**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ VIN #: \_\_\_\_\_  
Tag #: \_\_\_\_\_ UM Vehicle #: \_\_\_\_\_ Estimated Current Value: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

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/](http://www.miami.edu/riskmanagement/)), look under "Policies and Procedures" to review

Policy Reviewed: \_\_\_\_\_

**C. 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.

**D. Insurance Selection:**

1. Auto Liability: **Required**
2. Auto Physical Damage (APD): Comprehensive and Collision Coverage (Optional)
3. **Select One:**

Department has elected to carry Auto Physical Damage Coverage: Yes  No

By selecting "No",  
Department is opting out of  
APD coverage.

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

**Department of Risk Management**  
[riskmanagement@miami.edu](mailto:riskmanagement@miami.edu)  
PO Box 248106  
Coral Gables, FL 33124-2945  
Phone: 305-284-3163, Fax: 305-284-3405