

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

Please review our 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/), 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? _____ 2a. Provide Purchase Order Number _____
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
PO Box 248106
Coral Gables, FL 33124-2945
Phone: 305-284-3163, Fax: 305-284-3405