

# Insurance Coverage Office

## Contractual Driver Questionnaire

### To be completed by the requesting agency

**Section I:** *Please complete the following information for any person for whom you are requesting State of Delaware vehicle driving privileges:*

Applicant's Name: \_\_\_\_\_

Applicant's Job Title/Position: \_\_\_\_\_

Temporary Employment Services Vendor: \_\_\_\_\_

Applicant's Work Location (Building/Area, City): \_\_\_\_\_

Applicant's Department/Agency/Division: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Type of Vehicle: \_\_\_\_\_

Applicant's Status (Mark Appropriate Box):

Contractual ☐ Intern ☐ Volunteer ☐ Other: \_\_\_\_\_

**Section II:** *Please answer the following questions providing all requested information to the best of your ability:*

1) Is there language in the contract with this person that indicates the State will provide a vehicle for their use while performing the job they were contracted to do?

2) What types of tasks or duties would this person be performing for the State that require driving a state vehicle?

3) How does allowing this person to drive a state vehicle benefit the State in terms of cost savings or operational efficiency?

4) Please provide your best estimate of the number of times per week the individual will drive a state vehicle:

4a) What are the distances/destinations involved?

4b) Will the vehicle be taken out of state for any reason? If the answer is yes, please explain why.

4c) Will the vehicle be driven at night or outside of normal business hours? If the answer is yes, please explain why.

4d) Will the vehicle be taken home by the applicant at any time for any reason? If the answer is yes, please explain why.

5) Are there additional reasons, not listed in the above responses, which justify the use of a state vehicle by this applicant?

Section III: *Please complete the following:*

Submitted By: \_\_\_\_\_

Submitter's Job Title/Position: \_\_\_\_\_

Date Submitted: \_\_\_\_\_