

FIRSTBROOK, CASSIE & ANDERSON LTD. - INSOLVENCY INSURANCE PROGRAM

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**SUPPLEMENTARY AUTO QUESTIONNAIRE
For OPERATING VEHICLES**

Trustee Log No.

FC&A Master File No.

NAME OF ESTATE: _____

1. What is/are the vehicle(s) used for?

2. What is the radius of operations?

3. Is merchandise carried in the vehicle and if yes give a description of the merchandise?

4. Is any machinery or equipment attached to the vehicle(s)?

5. Do driver(s) of the vehicle(s) carry a valid licence and class to operate the vehicle(s)?

6. Do any driver(s) have licence suspensions?

7. Have you attached a current Driver's Record for each person operating the vehicle(s)?

Date: _____ Signature of Estate Manager: _____