

# Insurance Coverage Office

## Contractual Driver Questionnaire

**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: \_\_\_\_\_

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 in performance of the job they were contracted to do?

2). Is such a provision in the best interest of the State from a cost standpoint? (ie: why should they use a state vehicle instead of being required to use their own vehicle and be reimbursed for mileage?)

3a) Please provide your best estimate of the number of times per week a State vehicle will be driven by the individual:

3b) What are the distances/destinations involved?

3c) Will the vehicle be taken out of state for any reason?  
If the answer is yes, please explain why.

3d) Will the vehicle will be driven at night or outside of normal business hours?  
If the answer is yes, please explain why.

3e) Will the vehicle be taken home by the applicant at any time for any reason?  
If the answer is yes, please explain why.

4).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: \_\_\_\_\_