

CrimeSHIELD Policy



VEHICLE MAINTENANCE QUESTIONNAIRE

NAME OF INSURED: _____

ADDRESS: _____

Date: _____

1. Do you perform your own vehicle maintenance? Yes No

2. Do you use outside garages/repair shops to repair your vehicles? Yes No

3. Please indicate the % and types of work performed by your own personnel and outside shops:

a. In House % _____ Type _____

b. Outside Repair % _____ Type _____

4. For vehicle repair or maintenance:

a. Who authorizes the repair? _____

b. Who verifies that repairs are made? _____

c. Who is responsible for ordering repair parts? _____

d. Who authorizes payments to vendors? _____

e. Does anyone outside of the maintenance area review or audit the operation? Yes No
If Yes, who? _____

5. If vehicle maintenance is provided by outside shops, how do you verify that:

a. the work is necessary? _____

b. the work was performed? _____

c. the charges are consistent with market costs for that work? _____

6. Do you require that broken parts be returned following the repairs? Yes No

7. Are parts purchased from an approved list of suppliers? Yes No

8. Do you issue blanket purchase orders to vendors which allow purchases up to a specified aggregate dollar limit or item limit? Yes No

9. Is an inventory of parts maintained? Yes No
Is it on computer? Yes No

10. Are the duties of purchase ordering/invoicing for payment and payment separated/segregated? Yes No

11. Is your vehicle maintenance program automated? Yes No

a. Does it include parts? Yes No

b. Is a vehicle maintenance report produced? Yes No

If Yes, who reviews the report? _____

How often? _____

12. Does your repair procedure include duplicate repair worksheets? Yes No
a. Is one copy maintained by the requestor? Yes No
b. Is another copy sent to the Accounting or Transportation Departments? Yes No
13. Do you use a multi-copy invoicing procedure for ordering parts and supplies? Yes No
a. Is one copy maintained by the requestor? Yes No
b. Is another copy sent to the Accounting or Transportation Departments? Yes No
14. Do you have a procedure to prevent a double payment of billings for parts or service? Yes No

Completed by: _____ Date: _____