



CASUALTY RISK SOLUTIONS

# AUTONOMOUS VEHICLE APPLICATION FORM

an AVENTUM Group company

[www.consiliumbroking.com](http://www.consiliumbroking.com)

**1. Name, address and website URL of the company to be insured:**

Name:

Address:

Website:

**2. When were you established and how many years of full operations?****3. How long have you been licensed for testing? Which countries/states are you licensed in?**

If not licensed for testing, why not?

**4. Are the Autonomous Vehicles being used for commercial purposes** YES NO  
(e.g. Ride Sharing, Delivery)?

a) If yes, please provide a detailed summary of these operations and exposures:

b) If any delivery takes place, please provide the details of the types of goods being transported:

**5. What level of autonomy is in operation?**

**6. What is your formal review procedure for the disengagements? Which team performs this review?**

**7. Is the verification team separate from the development team?** YES NO

**8. Is the team that performs behavioral specification separate from the one of planning and control?** YES NO

**9. What is your relationship with academia?**

**10. What reliability issues have you had to date? Please provide details of any incidents or accidents.**

**11. What is the maximum speed your vehicles can travel?**

**12. What is the maximum distance your vehicles are permitted to travel in one trip?**

**13. Where are these vehicles being driven** (Inner city, Highway, closed course, private roads)?

Please provide percentage split if applicable.

**14. Which extreme conditions has your Autonomous Vehicle software been tested in** (e.g. rain, ice, snow, fog, animal/pedestrian crossings, with bicycles)?

**15. In the event of extreme weather, what protocols do you have in place?**

- 16. Are you currently selling the autonomous software/hardware to third parties or do you plan to in the next 12 months?** YES NO

If so, what is the expected revenue for this?

- 17. What cyber security procedures do you have in place? Do you buy cyber insurance? If so, how much?**

- 18. Please answer the following regarding your on-boarding of drivers:**

What are your minimum Motor Vehicle Record (MVR) criteria for accepting drivers (including maximum number of minor/major Violations)?

Will all drivers that exceed the minimum MVR criteria be prevented from driving on the platform? YES NO

What is your policy in removing poorly performing drivers?

Which provider carries out the MVR checks?

What are your indemnification rights against the provider of MVR checks?

Are these checks performed at a state and national level? YES NO

How often are the MVR checks re-run?

What are the minimum driver requirements in terms of age and number of years driving experience?

Do you carry out any background and/or credit checks on the drivers? YES NO

If so, please provide further details about these checks (e.g. Minimum criteria, Which provider carrying out the checks, indemnification rights against them, frequency of the checks).

Are there any other checks carried out beyond the above? YES NO

**19. Who manufactures the vehicles and systems?**

- |   |     |    |
|---|-----|----|
| a) Are all your vehicles certified by the original equipment manufacturer as meeting all federal crashworthiness standards? | YES | NO |
| b) Do you have any indemnification rights against manufacturers?  | YES | NO |

<b>20. Do you use Visual or Audio alerts to Human Safety drivers to alert them when the AV System decides to ignore objects that it does not think are threats ('False Positives')?</b>	YES	NO
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**21. How many people are in the vehicles (on average and maximum)?**

- |  |     |    |
|--|-----|----|
| a) Is there always a safety driver behind the wheel? | YES | NO |
| b) Are any potential customers in the vehicle?       | YES | NO |

If so, please provide further details of when and how often?

<b>22. Do you currently purchase insurance?</b>	YES	NO
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If so, what are the coverages (e.g. Owned Auto, General Liability, Hired Non-Owned Auto), limits, retentions, carriers and expiring premiums?

**23. Going forward, what insurance are you looking for in terms of coverage** (e.g. Owned Auto, General Liability, Hired Non-Owned Auto), limits and retentions?

**24. Please provide the following documentation:**

- Please complete the attached data request spreadsheet including:
  - Historical exposures since beginning of operations
  - Projection for next 12 months
  - Please provide a vehicle schedule and complete the exposure table by vehicle type in the data request form
- Loss history since the company went operational
  - Valued in the last 3 months
  - Confirmation that loss runs attached are Ground up (gross of deductible) and uncapped
  - Including detailed narrative for any claims >\$25k incurred value
- Contractual documentation with drivers
- Copy of driver on-boarding documentation including driver safety protocols (e.g. Safety Handbook)
- Any RFP documentation for city/state/investor approval
- Copy of all permits to operate AV's

Signed:

Name:

Position:

Date:



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