

Fleet Questionnaire

General Info

Applicant Name(s): _____ Agent Name: _____
Policy Number: _____ Completed Date: _____ Completed by: _____
Insured Contact Name/Phone: _____

Operations

Please describe the usage of vehicles: _____

Average stops per day, per vehicle: _____

Any vehicles with a radius of over 500 miles? Yes No (If Yes, explain) _____

Percent urban travel: _____% Percent suburban travel: _____% Percent rural travel: _____%

Percent travel in mountains: _____%

Are any time constraints placed on deliveries? (Explain) _____

Any hauling for hire? Yes No

Any filings required? Yes No Which filings? _____ MC # _____

Are there any towing operations? Yes No

Do drivers haul overnight? Yes No

Have there been any changes in the company's operations in the last 12 months? Yes No

(If so, please explain) _____

Safety Management

Please list the fleet safety controls that are in place: _____

Is the written fleet safety program fully implemented? Yes No

Are regular safety meetings held and documented with drivers? Yes No Frequency: _____

Do you have GPS (Telematics) monitoring implemented in your fleet management? Yes No

Is it used for monitoring: (check if yes) Maintenance Speed Location Messaging Routing

Indicate system for reporting, recording and investigating accidents: _____

Do you have a "cell phone use while driving" policy? Yes No (If yes please explain) _____

Do you have a formal, written "accident reporting and investigation" program in place? Yes No

(If yes please explain) _____

Are any safe driving incentives offered? Yes No (If yes please explain) _____

Drivers

How often are the MVR's for all drivers checked and by whom? _____

Describe driver selection, authorization and review standards/procedures: _____

What standards are used for evaluating MVR's? What is acceptable? _____

What actions are taken if an employee's driving record is considered unacceptable? _____

What is the normal, maximum number of hours per driver per day? _____

How are drivers paid? Hourly Salary Commission By load/trip Other: _____

Is there a driver training program in place? Yes No If so please provide details: _____

Do you require pre-employment physicals? Yes No

Do you have a drug and alcohol testing procedure in place? Yes No

If yes, please explain: _____

Are drivers' family members permitted the vehicles? Yes No Is it: Full-Time Part-Time

Are there any family youthful (under 18 years old) drivers? Yes No (Please explain) _____

Vehicles

Is there any special equipment mounted or permanently attached to units? Yes No

(If yes, please specify) _____

Is there a vehicle inspection and maintenance program in place? Yes No

(If yes, please explain) _____

Are company owned vehicles supplied or available for personal use? Yes No

(If yes, please explain) _____

Are employees' personal vehicles used for business purposes? Yes No

(If yes, please explain) _____

Where are vehicles parked overnight?

What protection is in place? Fenced Area Lighted Area Guarded Area

Employee Residence Other: _____

Please attach supporting documents.

The person(s) providing the information and completing this supplemental questionnaire affirm the information being provided is true and correct.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____