

Named Insured: \_\_\_\_\_ Application/Policy Number: \_\_\_\_\_

Insured Website: \_\_\_\_\_

**Operations:**

- A. Hours of operation are \_\_\_\_\_ to \_\_\_\_\_  
Delivery hours:  
Weekdays are \_\_\_\_\_ to \_\_\_\_\_  
Weekends are \_\_\_\_\_ to \_\_\_\_\_
- B. Minimum number of employee's working at any given time? \_\_\_\_\_
- C. Is there any off premise exposures? Yes  No
- D. Describe managements industry experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Management:**

- A. Pre-hire screening: employment applications? Yes  No
- B. Reference checks? Yes  No
- C. Pre-employment physicals? Yes  No
- D. Drug Testing:  
Pre-employment drug testing? Yes  No
- Post-accident drug testing? Yes  No
- Random drug testing? Yes  No

**Employee Profile:**

- Total Number of Employees: \_\_\_\_\_
- A. Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Temporary/seasonal: \_\_\_\_\_
  - B. How are employees paid?  
 Hourly  Piece Rate  Commission  Flat Salary
  - C. Starting hourly wage: \$ \_\_\_\_\_
  - D. Average hourly wage: \$ \_\_\_\_\_
  - E. Paid vacation? Yes  No

**Employee Safety:**

- A. New employee orientation plan? Yes  No
- B. Formal written safety program? Yes  No
- C. Documented safety meetings with all employees? Yes  No
- D. Early return to work program Yes  No
- E. Employee training program for all employees? Yes  No
- F. Fleet safety program including scheduled maintenance program? Yes  No
- G. Documented Vehicle Inspection program:  
Owned Vehicles Yes  No
- Non-owned Vehicles Yes  No
- H. Documented accident investigation? Yes  No
- I. Address or call back verification systems in place? Yes  No



**Delivery Profile:**

Total Number of Drivers: \_\_\_\_\_

Number of Company Owned Vehicles: \_\_\_\_\_

Radius of Driving Exposures: \_\_\_\_\_

Number of Non-Owned Vehicles: \_\_\_\_\_

- A. Any drivers under the age of 21 or over the age of 65? Yes  No
- B. Any vehicles 15 years old or older and \$200k miles or greater? Yes  No
- C. Number of employees who drive personal vehicles? \_\_\_\_\_
- D. Are drivers paid per delivery? Yes  No
- E. Total receipts: \_\_\_\_\_  
Total receipts due to delivery: \_\_\_\_\_
- F. Commercial or Non-Owned Auto Coverage in place? Yes  No
- G. Driver Licenses verified? Yes  No
- H. Motor Vehicle Records checked annually? Yes  No
- I. What are unacceptable MVR criteria to remove an employee from a driving position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- J. Do employees receive defensive driver training? Yes  No
- K. Is an accident investigation and accountability program in place? Yes  No
- L. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes  No
- M. Seatbelt policy enforced? Yes  No
- N. What is the extent of distracted driving exposure?  
 **Limited:** Possible incidental/personal use of mobile communications devices or other technology. No company devices provided.  
 **Moderate:** Some use of mobile communications, GPS, or other technology required in incidental driving positions.  
 **Heavy:** Heavy use of mobile communications, GPS, or other technology required to perform essential job functions.
- O. What controls are there in place to reduce distracted driving? (Describe policies, procedures, training, and equipment (hands free) provided): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claims:**

Please provide details on any claims within the last 3 years which has reserves set or paid cost \$25,000 or above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information/Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_