

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? 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. Number of employees who drive personal vehicles? _____
- B. Are drivers paid per delivery? Yes No
- C. Total receipts: _____
Total receipts due to delivery: _____
- D. Commercial or Non-Owned Auto Coverage in place? Yes No
- E. Driver Licenses verified? Yes No
- F. Motor Vehicle Records checked annually? Yes No
- G. What are unacceptable MVR criteria to remove an employee from a driving position? _____

- H. Do employees receive defensive driver training? Yes No
- I. Is an accident investigation and accountability program in place? Yes No
- J. Do employees deliver on bicycle, scooter, motorcycles, etc? Yes No
- K. Seatbelt policy enforced? Yes No
- L. 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.
- M. 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: _____