



Auto Fleet Supplemental Questionnaire

APPLICANT INFORMATION
Full Name of Applicant:
Address:
Website Address:
Separately list and describe all operations:
List states in which the applicant operates:
Number of years in business under current name:

1.	Are sub-haulers or leased operators used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there a formal safety program in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have a formal vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you service your own vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does the vehicle maintenance program include the following?	
	A service record of each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Standardized inspection frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle condition reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How often are these reports reviewed by management?	
6.	Do you obtain an MVR pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are MVR's updated annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are MVR's reviewed post-accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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9.	Is there a formal hiring program or procedure? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is there mandatory drug and alcohol testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you have specific criteria that you use to determine acceptable/unacceptable-driving records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Please detail criteria used to determine acceptable/unacceptable-driving records?	
13.	Explain how you handle employees with unacceptable driving records. i.e. Remove driving privileges, written warning, probationary period, etc.	

WARRANTY			
<p>The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants the information contained herein (consisting of five pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.</p>			
Signature of Applicant:			
Name & Title:		Date:	