

COURIER AUTO SUPPLEMENTAL QUESTIONNAIRE

COMPANY: _____ **TODAY'S DATE:** _____

DOT ("MC" No): _____

For RLI to be able to competitively price and underwrite this account we will need the following information. Please make sure this information is attached to the supplemental application if not already submitted.

1. **Currently valued insurance company produced loss runs; we need the current and three prior years. (please provide details on losses greater than \$25,000)**
2. **Financial statements for the prior and most recent complete fiscal period.**
3. **Historical Vehicle Count (expiring and 3 prior years).**
4. **Expiring carrier, premium, and the incumbent carriers renewal position.**
5. **Vehicle Schedule in excel, if possible, including the Complete VIN #, Year, Make, Garaging Location, and Cost New if Physical Damage Coverage is requested.**
6. **Driver List including Date of Birth and Date of Hire, in excel if possible.**
7. **Motor Vehicle Reports (MVR's) for all drivers, if available.**
8. **Copy of Fleet Safety Program**

Historic Owned Vehicle Count

2008 _____
 2007 _____
 2006 _____
 2005 _____

Name and title of individual responsible for the Fleet Safety Program? _____

Does the insured provide a bill of lading to its customers? _____

Is there a formal, written Fleet Safety Program? (Include copy if "yes") _____

Does the fleet safe program include the following?

- a. Safety meetings that specifically address driving practices? _____
- b. MVRs ordered prior to hiring new drivers? _____
- c. MVRs ordered on all vehicle operators annually?
By whom? _____
- d. Are there written rules for the withdrawal of driving privileges for serious driving violations (i.e. DUI, reckless driving, leaving the scene of an accident, committing a felony with an auto, or speeding more than 20 miles an hour over the posted speed limit) _____

- e. Are MVRs ordered on all non-employee drivers who may use a company vehicle? _____
- f. A policy on personal use of company vehicles by employees? _____
- g. How is the policy enforced? _____
- h. Does management provide written approval of all non-employee drivers? _____
- i. Does the agent or insured include non-employee operators on the drivers list? _____
- j. Certificates of insurance acquired from employees who use their personal vehicles on company business? _____
- k. Is there a formal procedure in place for drivers to report accidents? _____
- l. Are mandatory drug tests required within in 24 hours of any accident? _____
- m. Is there a procedure for management to investigate accidents at the time of the loss? _____
- n. Are post accident reviews performed to identify problems? _____
- o. Are random drug and alcohol tests performed for all operators of company vehicles? _____

Does the company have a formal driver selection process? (Include copy if "yes") _____

If a formal driver selection process is in place, does it include the following?

- a. Reference checks including the previous two most recent employers? _____
- b. Physical exams as part of the hiring process? _____
- c. A driving test (not including private passenger vehicles), using the vehicle that will be operated by the employee prior to employment? _____
- d. Is drug testing done before the offer of employment? _____
- e. Are criminal background checks done prior to any offer of employment? _____

Does the driver perform a visual inspection of the assigned vehicle daily? _____

Are records kept of any reported deficiencies and corrective actions taken? _____

Are records kept for scheduled and unscheduled maintenance on vehicles? _____

Do you have any full time vehicle maintenance personnel on staff? _____

Is there a company policy on underage drivers using company vehicles? _____

Are family members allowed to use the private passenger vehicles? _____

Comment on any other safety and/or fleet issues mentioned above or not covered that may provide a clearer picture of the fleet operations of this company. Include explanation of the use of contract drivers, if any.

Vehicle Use

States Operated in: _____ Largest Cities _____

_____ % percent of routed work _____ % Hazmat Work

Ave. Trip Distance _____ % <50 miles _____ % 51-200 miles Normal Max.

Type	# of units	# of Employees or Independents
Owned Vehicles		
Owner operator / IC vehicles		
Executive or owners private pass.		
Other (i.e. Spares)		

Hired and Non-owned Automobile

1. Estimated total number of employees (full-time, part-time and occasional) that use their own vehicles for company business. Example: sales, delivery, mail pickup, bank deposits. _____
2. How often and for what purpose do employees use their own vehicles for company business?
3. _____
4. Does the company require all employees who use their own vehicles for company business to carry personal auto insurance? _____ What limits are required? _____
5. For those employees who use their own vehicles for company business, either full time or occasionally, does the company obtain certificates of insurance from the employees' automobile insurers? _____
6. Who maintains these records? _____
7. Is there a process or procedure in place that requires an employee to notify the company if their Personal Automobile Policy has lapsed or been cancelled _____
8. How many vehicles (cars, vans, trucks or tractors) are hired, rented or borrowed each year?

8) Short-term lease # (less than 6 months) _____ Long-term lease # _____

9) Short term rental (include airport rentals) _____ Long term rental # _____

9. _____ Other than airport rentals, what is the average length of time these vehicles are hired/borrowed?
10. Other than airport rentals, what is the total estimated cost for all hired/rented vehicles? _____
11. Who is providing primary automobile liability and automobile physical damage for the hired/borrowed vehicles? (i.e. rental company, leasing firm, employee or insured) _____
12. Does the insured require it is sub-contractors to sign a contract? _____ **(If yes, provide a copy of a sample contract - IMPORTANT)**
13. If yes, does that that contract require the subcontractor to provide a certificate of insurance or copy of their declarations page? _____
14. Does the contract require the contractor to carry a minimum automobile liability limits? _____
If yes what are the required limits? _____
15. Does the contract require the subcontractor to name our insured as an additional insured? _____
16. Who is responsible for obtaining and monitoring these items? _____
17. During the anticipated policy period. How many individual independent contractors will the insured have working for them? _____
18. In the most recent calendar year and assuming a 5-day workweek, what was the average number of independent contractors working for the insured during an average week? _____
19. Who is providing primary automobile liability for the independent contractors vehicles while services are being provide to the insured? (Independent contractor or insured) _____
20. While the independent contractor is working on the insured's behalf, does the IC's trucks work under the insureds authority or under their own authority? _____
21. While the independent contractor is working on the insured's behalf, does the IC's truck display any signage that would indicate they are working for the insured? _____