

RLI – Supplemental Questionnaire – New Business Contractor-Courier

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

DOT ("MC" No.): _____

Do you own or control any other subsidiary or are you affiliated with any other entity? Yes No N/A
If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____

Does the insured provide a bill of lading to its customers? Yes No N/A

What was the average number of owned vehicles (do not include trailers) over the last 4 years?

Year	# of Vehicles
Current Year	_____
1 st Prior Year	_____
2 nd Prior Year	_____
3 rd Prior Year	_____

Has any company provided non-renewal of your insurance of last 5 years? Yes No N/A
If yes, please explain. _____

Have you ever filed bankruptcy or had bankruptcy proceedings initiated against you? Yes No N/A
If yes, please explain. _____

Fleet Safety:

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

Is there a formal, written Fleet Safety Program? (Include copy if available) Yes No N/A

Does The Fleet Safety Program Include The Following?

1. Safety meetings that specifically address driving practices? Yes No N/A
2. MVRs ordered prior to hiring new drivers? Yes No N/A
3. MVRs ordered on all vehicle operators annually? Yes No N/A
By whom? _____
4. 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) Yes No N/A
5. Are MVRs ordered on all non-employee drivers who may use a company vehicle? Yes No N/A
6. Is there a policy on personal use of company vehicles by employees? Yes No N/A
7. Does management provide written approval of all non-employee drivers? Yes No N/A
8. Does the agent or insured include non-employee operators on the drivers list? Yes No N/A
9. Is there a written procedure in place for drivers to report accidents? Yes No N/A
10. Are mandatory drug tests required within 24 hours of any accident? Yes No N/A
11. Is there a procedure for management to investigate accidents at the time of the loss? Yes No N/A
12. Are post-accident reviews performed to identify problems? Yes No N/A
13. Are random drug and alcohol tests performed for all operators of company vehicles? Yes No N/A

14. Any employees employed for less than 1 year? Yes No N/A
 If yes, how many? _____
15. Are the vehicles equipped with an on-board monitoring system?
 (Automated Event Records (AER), Cameras, GPS, Telematics) Yes No N/A
- a. Brand name of system(s) and type (camera or GPS): _____
- b. Number of vehicles currently installed with the system: _____
- c. Employee responsible for the management of the OBM: _____

If A Formal Driver Selection Process Is In Place, Does It Include The Following?

1. Reference checks including the previous two most recent employers? Yes No N/A
2. Physical exams as part of the hiring process? Yes No N/A
3. A driving test (not including private passenger vehicles), using the vehicle that will be operated by the employee prior to employment? Yes No N/A
4. Is drug testing done before the offer of employment? Yes No N/A
5. Are criminal background checks done prior to any offer of employment? Yes No N/A

Driver Information:

1. Does the driver perform a visual inspection of the assigned vehicle daily? Yes No N/A
2. Are records kept of any reported deficiencies and corrective actions taken? Yes No N/A
3. Are records kept for scheduled and unscheduled maintenance on vehicles? Yes No N/A
4. Do you have any full time vehicle maintenance personnel on staff? Yes No N/A
5. Is there a company policy on underage drivers using company vehicles? Yes No N/A
6. Are family members allowed to use the private passenger vehicles? Yes No N/A
7. What is the current driver turnover percentage? _____
8. Is there a defensive driver training program in place? Yes No N/A

Vehicle Use:

1. States operated in: _____
2. Largest cities: _____
3. _____ % of routed work
4. _____ % of hazmat work
5. Average trip distance: _____
6. _____ % <50 miles
7. _____ % 51-200 miles normal max
8. _____ Normal max

Vehicle Type	# of Units	# of Employees or Independents
Owned Vehicles		
Owner Operator/IC Vehicles		
Executive or Owners Private Passenger		
Other Vehicles (i.e. Spares) Describe _____		
Other Vehicles (i.e. Spares) Describe _____		

9. Does the insured work with sub-contractors? Yes No N/A
10. Do these contracts require to name our insured as an additional insured? Yes No N/A
11. While the independent contractor is working on the insured's behalf, does the IC's trucks work under the insured's authority or under their own authority? Yes No N/A

12. 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? Yes No N/A
13. Who is providing primary automobile liability for the independent contractor's vehicles while services are being provided to the insured? (Independent contractor or insured) _____

Hired And Non-Owned Automobile:

1. Total number of employees: _____
2. Total number of independent contractors: _____
3. Estimated total number of employees or independent contractors that use their own vehicles for company business. (i.e. driving to client's locations, delivery, mail pickup, bank deposits or home health care)
- a. Employees: _____
- b. Independent Contractors: _____
4. Total amount expensed in the previous fiscal period, as reported to the IRS, for mileage reimbursement. _____
5. How often do employees or independent contractors use their own vehicles for company business? (i.e. daily, occasionally, never or N/A)
- a. Employees: _____
- b. Independent Contractors: _____
6. What is the annual cost of hire for the current year? _____
7. What is the projected cost of hire for the upcoming year? _____
8. Does the company require all employees or independent contractors who use their own vehicles for company business to carry personal auto insurance? Yes No N/A
What limits are required? _____
9. For those employees or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? Yes No N/A
Who maintains these records? _____
10. Is there a process or procedure in place that requires an employee or independent contractor to notify the company if their Personal Automobile Policy has lapsed or been cancelled? Yes No N/A
11. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?
- a. Short-term lease # (less than 6 months): _____
- b. Short-term rental # (includes airport rentals): _____
12. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____
13. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? _____
14. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____
- a. Does the insured require their employees to purchase the rental agency insurance? Yes No N/A
- b. Does the insured provide corporate credit cards that include rental car insurance? Yes No N/A

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.