



# COMMERCIAL SPECIALTY AUTO FLEET SAFETY QUESTIONNAIRE

Company: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Do you own or control any other subsidiary or are you affiliated with any other entity? .....  Yes  No

If yes, provide list. \_\_\_\_\_

What state(s) do you normally operate in? \_\_\_\_\_

Number of years the entity has been under current management? \_\_\_\_\_

What was the average number of owned vehicles over the last 4 years?

Year	# Vehicles
_____	_____
_____	_____
_____	_____
_____	_____

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 meeting that specifically address driving practices? .....  Yes  No  N/A
2. MVR's ordered prior to hiring new drivers? .....  Yes  No  N/A
3. MVR's ordered on all vehicle operators annually? .....  Yes  No  N/A
4. 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. MVRs ordered on all non-employee drivers who may use a company vehicle? .....  Yes  No  N/A
6. A policy on personal use of company vehicles by employees? .....  Yes  No  N/A  
How is this enforced? \_\_\_\_\_
7. Non-employee drivers:
  - a. Does management provide written approval of all non-employee drivers? .....  Yes  No  N/A
  - b. Does the agent or insured include non-employee operators on the driver's list? .....  Yes  No  N/A
8. Certificates of insurance acquired from employees who use their personal vehicles on company business? .....  Yes  No  N/A
9. A formal procedure already in place for drivers to report accidents? .....  Yes  No  N/A
10. Mandatory drug tests required within 24 hours of any accident? .....  Yes  No  N/A
11. A procedure for management to investigate accidents at the time of loss? .....  Yes  No  N/A
12. Post accident reviews to identify problems? .....  Yes  No  N/A
13. Random drug & alcohol tests for all operators of company vehicles? .....  Yes  No  N/A

Does the company have a formal driver selection process? (Include a copy with submission if available.) .....  Yes  No  N/A

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

- 1. Reference checks including the previous 2 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. Drug testing done before the offer of employment? .....  Yes  No  N/A
- 5. Criminal background checks done prior to any offer of employment? .....  Yes  No  N/A
- Does the driver perform a visual inspection of the assigned vehicle daily? .....  Yes  No  N/A
- Are records kept of any reported deficiencies and corrective actions taken? .....  Yes  No  N/A
- Are records kept for schedule and unscheduled maintenance on vehicles? .....  Yes  No  N/A
- Do you have any full time vehicle maintenance personnel on staff? .....  Yes  No  N/A
- Is there a company policy on underage drivers using company vehicles? .....  Yes  No  N/A
- Are family members allowed to use the private passenger vehicles? .....  Yes  No  N/A

**Hired and Non-Owned Automobile**

- 1. Total number of employees? \_\_\_\_\_
- 2. Number of employees who drive company vehicles who have been employed less than one year? \_\_\_\_\_
- 3. Estimated total number of employees or independent contractors (full-time, part-time & occasional) 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. Individual 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, N/A)
  - a. Employees: \_\_\_\_\_
  - b. Individual independent contractors? \_\_\_\_\_
- 6. 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? \_\_\_\_\_
- 7. For those employees or independent contractors who use their own vehicles for company business, full time, or occasionally, 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? \_\_\_\_\_
- 8. 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? .....  Yes  No  N/A
- 9. If the entity uses independent contractor(s), is there a signed written contract between the entity & the independent contractor.....  Yes  No  N/A  
(If yes, please provide a sample contract).
- 10. 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): \_\_\_\_\_
- 11. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? \_\_\_\_\_
- 12. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? \_\_\_\_\_
- 13. Including airport rentals, what is the total estimated cost for all hired vehicles during the most recent fiscal period? \_\_\_\_\_
- 14. Who is providing primary automobile liability & automobile physical damage for the hired/borrowed vehicles? (i.e. rental company, leasing firm, employee or insured) \_\_\_\_\_