

- C. Number of employees: _____
- D. Number of drivers per shift: _____
- E. Hours of delivery: _____
- F. Delivery Operations:

If your operation involves delivery, what is the radius of operation for the drivers? _____

Is there any time limitation associated with your delivery business? Yes No

If yes, what is the time limitation? _____

SECTION III - LOSS CONTROL INFORMATION

1. Do you have your hiring procedures/guidelines in writing? Yes No
 - A. Are there restrictions on age of drivers? Yes No
 - Youngest _____ Oldest _____
 - What percent of drivers are below 25 years old? _____ Yes No
 - Over 65 years old? _____ Yes No
 - B. Do you verify that each driver has valid driver's license? Yes No
 - C. Do you require drivers to take drug test prior to employment? Yes No
 - Do you conduct random drug testing as a part of ongoing employment for all drivers? Yes No
 - D. Is driver's car inspected? Daily Semi-Annually Annually
 - E. Do you allow substitutions of cars? Yes No

2. Are your dismissal guidelines in writing? Yes No
 - A. Is driver terminated if he/she:
 - Has an at fault traffic accident? Yes No
 - Has a suspended driver's license? Yes No
 - Has _____ number of points? Yes No
 - Is found using drugs? Yes No
 - B. Are these guidelines explained to driver? Yes No
 - In Writing Verbally

3. Do you check MVRs? Yes No
 - Annually Semi-Annually Never

4. Do you require each driver to carry primary automobile insurance? Yes No

What limit of liability is required?

_____ Yes No

Do you track policy expiration dates? Yes No

5. Does your firm have a bonus incentive program for safe driving? Yes No

6. Do you have a Driver Training Program? Yes No

If yes, briefly explain your Driver Training Program:

SECTION IV - LOSS HISTORY

Attach hard copy of loss runs for the last five years or a no loss letter on the applicant's letterhead.

SECTION V - CURRENT CARRIER

1. List prior carrier and current carrier information, including premiums paid

Current _____ Prior _____

By signing this application, I am attesting to the accuracy of the information provided in this application. If any information in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the insurance policy is rescinded.

Applicant's Signature _____ Date _____
