



Commercial Auto Questionnaire

Account Name:	Agent ID Number:
	Agent:
Effective Date:	Policy Number:

Applicant/ Insured Information:

Describe your business operation: _____

Number of Years current fleet management in place: _____

US DOT # (if applicable): _____

General /Driver Information:

1. Describe how the following types of vehicles are used in your business? Est. Annual Mileage/Car

Private Passenger		
Passenger Van		
Light Truck		
Medium Trucks		
Heavy/Extra Trucks		
Truck Tractors		
Other		

2. Are any of the trucks used for snow plowing public roads or parking lots? Yes No

If Yes, provide details:

3. Approximately what percentage of the time do your commercial vehicles travel:

- Within 50 miles: _____
- Between 50-200 miles: _____
- Over 200 miles: _____

Common destinations (City/State): _____

4. How many power units (exclude trailers) were in your fleet in the past? _____

Number of autos one year ago: _____ Number of autos two years ago: _____

Number of autos three years ago: _____ Number of autos four years ago: _____

5. Are any vehicles equipped with GPS/Telematics/Cameras? Yes No

If Yes, how many have: GPS Only _____ Telematics _____ Cameras _____

6. Do any vehicles have collision avoidance technology? Yes No If Yes, how many: _____

7. Do any vehicles have wraps? Yes No If Yes, how many: _____

Average wrap cost: _____

8. Current total # employee drivers: _____ Full Time drivers: _____ Part Time drivers: _____

9. Written Driver Application Required: Yes No Reference Checks: Yes No

10. Do you require criminal background checks prior to hiring drivers? Yes No

11. Are prospective drivers road tested? Yes No

12. Do you provide orientation in vehicle with experienced driver? Yes No

If Yes, for what period of time? _____

13. How many drivers with CDL? _____ How many Non-CDL drivers? _____

14. Are CDL Drivers required to have CDL Endorsement H, N, or X? Yes No
If Yes, why? _____
15. Are Non-CDL drivers tested for Drugs and Alcohol? Yes No
16. What is the minimum age requirement for your drivers? _____
17. Do all drivers hold a US license? Yes No
18. Do you lease drivers from Employment/Temp. Agencies? Yes No
If Yes, how many? _____ Do you review MVRs on them? Yes No
19. Do you use owner operators to haul on your behalf? Yes No
20. Do you have written established guidelines for MVR Acceptability? Yes No
21. What action is taken as a result of an unacceptable MVR? _____
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22. How does applicant define an unacceptable MVR: _____
23. Are your MVR guidelines reviewed and signed off by the drivers? Yes No
24. Is there a progressive discipline policy for drivers' w/repeat accidents/violations? Yes No
If Yes, please describe: _____
25. Do you provide safety incentive awards? Yes No
If Yes, please describe: _____
26. Is there a formal accident investigation process in place? Yes No
If Yes, please describe: _____

Vehicle Usage Guidelines:

27. Are employees allowed to take company vehicles home? Yes No
28. Are employees permitted to use company vehicles for personal use? Yes No
29. Are any family members permitted to use company vehicles for personal use? Yes No
30. Are Permissive Use/Personal Use Guidelines reviewed and signed off by the employees? Yes No
31. Is the use of Cell Phones prohibited while driving? Yes No
If yes, is your policy in writing and shared with/signed by driver? Yes No

Maintenance information:

32. Do you have a written vehicle maintenance program in place? Yes No
If Yes, please describe: _____
33. Do you use daily vehicle condition reports to check for concerns pre-trip? Yes No

Driver Data – Personal Usage:

<i>Complete for all vehicles that are permitted for Personal Use - Don't include drivers already on drivers list</i>					
ALL DRIVERS PERMITTED TO USE VEHICLES INCLUDING FAMILY MEMBERS	DRIVERS LICENSE			% OF PERSONAL USE OF VEHICLE	YEARS OF DRIVING EXPERIENCE
	NUMBER	STATE	DATE OF BIRTH		