

Policy/Quote Number \_\_\_\_\_

Name of Insured/Applicant \_\_\_\_\_

## Commercial Auto Fleet Safety Questionnaire

- 1) Are MVRs checked on prospective employees prior to hiring? YES NO
- 2) Are MVRs checked annually on all employees? YES NO
- 3) Is there a disciplinary program set up for employees that receive moving violations or are involved in at-fault accidents? If so, please describe.  
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\_\_\_\_\_  
\_\_\_\_\_
- 4) What constitutes an unacceptable MVR for your company?  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Is a post accident investigation process in place? If so, please describe.  
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\_\_\_\_\_
- 6) Is drug testing performed on prospective employees prior to hiring? YES NO
- 7) Is random drug testing performed on employees? YES NO
- 8) Is a drug test administered to employees after they are involved in an at-fault accident? YES NO
- 9) Are employees allowed to take company vehicles home? YES NO
- 10) Are employees allowed to use company vehicles for personal use? YES NO
- 11) Is a company vehicle maintenance program in place? If so, please explain.  
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- 12) Is there an age requirement for operating vehicles over 20,000 lbs in gross vehicle weight? If so, please provide the minimum required age.
- 13) Do you require a CDL license for operators of trucks over 20,000 lbs in gross vehicle weight?
- 14) Are prospective drivers of vehicles over 20,000 lbs in gross vehicle weight tested for proficiency prior to being allowed access to a heavy truck?
- 15) What is the mileage radius of operations for your company vehicles?
- 16) Are any vehicles used for delivery operations? If so, what type of product is delivered?
- 17) Is any special training provided for drivers?
- 18) Are regular fleet safety meetings held for employees? If so, how often?
- 19) Does your company have a fleet safety manager/coordinator? YES NO