

Submitter Name:

Insured Company Name:

Trucking General

Financial Information

Do any customers represent more than 25% of the revenue?	Unknown	Yes	No
--	---------	-----	----

Business Operations - Hiring

Does the insured expect to have >10% fluctuations in Payroll this coming policy year? *	Unknown	Yes	No
---	---------	-----	----

Has there been greater than 20% employee turnover in the last 3 years? *	Unknown	Yes	No
--	---------	-----	----

Is any of the workforce paid piece rate or hourly?	Unknown	Yes	No
--	---------	-----	----

Has the insured used any temp or day labor in the last 12 months? *	Unknown	Yes	No
---	---------	-----	----

Does the insured plan to use any temp or day labor in next 12 months? *	Unknown	Yes	No
---	---------	-----	----

Does the insured subcontract out work? *	Unknown	Yes	No
--	---------	-----	----

Does the insured use owner operators?	Unknown	Yes	No
---------------------------------------	---------	-----	----

Does the insured pull MVR's for all of the drivers?	Unknown	Yes	No
---	---------	-----	----

Does the insured hire drivers with less than 2 years' experience?	Unknown	Yes	No
---	---------	-----	----

Does the insured compensate drivers by mile?	Unknown	Yes	No
--	---------	-----	----

Do drivers engage in long-haul trucking with overnight stays? *	Unknown	Yes	No
---	---------	-----	----

Are drivers required to travel international or interstate? *	Unknown	Yes	No
---	---------	-----	----

Business Operations - Vehicles

Does the insured have a fleet vehicle register?	Unknown	Yes	No
---	---------	-----	----

Safety Operations

Does the insured have a dedicated Safety Manager? *	Unknown	Yes	No
---	---------	-----	----

Does the insured perform regular safety inspections?	Unknown	Yes	No
--	---------	-----	----

Does the insured provide safety orientation for new employees?	Unknown	Yes	No
--	---------	-----	----

How does the insured enforce safety protocols to the employees?	Unknown	Yes	No
---	---------	-----	----

Hazard Control

Does the insured have a mobile phone/device use policy while driving? *	Unknown	Yes	No
---	---------	-----	----

Does the insured equip vehicles with front and rear facing cameras? *	Unknown	Yes	No
---	---------	-----	----

Does the insured have electronic logs for drivers?	Unknown	Yes	No
--	---------	-----	----

Does the insured provide vehicle entry and exit training?

Unknown

Yes

No

Thank You