

# Transportation Questionnaire

Account Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_  
DOT Number: \_\_\_\_\_

## Safety Questions:

1 Is there a formal written safety program?  Yes  No

2 Is there a written fleet safety program?  Yes  No

a) Name the person responsible for the program: \_\_\_\_\_

3 Is there a vehicle maintenance program in place?  Yes  No

4 Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc?  Yes  No

5 Does the risk do pre-hire and post accident drug testing?  Yes  No

6 Does the insured have a full-time Safety Director on staff (no additional job duties and not the owner)?  Yes  No

If yes, please provide the person's name: \_\_\_\_\_

7 Is there a formal accident investigation program?  Yes  No

8 Does this risk have a formalized safety incentive program?  Yes  No

If so give a description: \_\_\_\_\_

9 Does this risk have a Return To Work Program in place?  Formal  Informal  None

10 MVR checks (Pre-hire & annually)  Yes  No  N/A

11 Is an accident prevention program in place?  Yes  No

12 Health Benefits?  Yes  No

Employee Participation: \_\_\_\_\_ % Employer's Contribution: \_\_\_\_\_ %

13 Does the insured have more than 50 employees in a building that is 4 stories or greater?  Yes  No

14 Does the insured's employees travel internationally?  Yes  No

15 What percent of the insured's employees travel overnight? \_\_\_\_\_ %

16 What is the percent turnover in the last 12 months? \_\_\_\_\_ %

## Trucking Questions:

1 Does the insured transport any of the following:  Yes  No  
Explosives, Ammunition, or Fireworks, Magnesium, fuses, Celluloid Or Pyroxylin, Radioactive substances  
or Hazardous Waste, Live Animals, Logs or beams?

2 Does the insured's employees hire day laborers/ lumpers to assist with loading or unloading?  Yes  No

3 Does the insured use sub-haulers or/ owners/operators?  Yes  No

4 Does the insured have a progressive disciplinary program in place for terminating drivers or moving them  
into a non-driving position if they have an unacceptable number of moving violations/accidents?  Yes  No

5 Do the insured's employees perform any manual securing or tarping of loads that requires climbing  Yes  No

onto the vehicle?

6 Does the insured have a DOCUMENTED vehicle inspection and maintenance program (logs maintained by insured)?  Yes  No

7 Percentage of trips of operation in various radius categories:

0-50 \_\_\_\_\_%      101-200 \_\_\_\_\_%      301-500 \_\_\_\_\_%

51-100 \_\_\_\_\_%      201-300 \_\_\_\_\_%      500 and over \_\_\_\_\_%

8 Does the insured have employees who perform excavation, transport, and or transplant of mature trees, including rigging?  Yes  No

9 Do the insured's employees perform any loading or unloading?  Yes  No

10 Does the insured have a GPS vehicle tracking system?  Yes  No

11 Does the insured participate in any program where the insured is notified if one of their drivers receives a vehicle violation?  Yes  No

12 Does the insured have a formal driver training program?  Yes  No

13 Does the insured train their employees to use 3 point contact when entering or exiting the vehicle?  Yes  No

14 Does the driver selection procedure include road test certification?  Yes  No

15 Do the insured's employees provide towing or roadside assistance?  Yes  No

16 Current Number of Drivers: \_\_\_\_\_  
How many CDLs: \_\_\_\_\_

17 Number of Vehicles: \_\_\_\_\_

18 Are driver's actual employees or independent contractors?  
 Employees - how many? \_\_\_\_\_  Independent Contractors – how many? \_\_\_\_\_

19 If drivers are independent contractors, does the risk want WC coverage?  Yes  No

20 Do the independent contractors work exclusively for the insured?  Yes  No

21 Do the independent contractors go through the same screening process as employee drivers and subject to the same internal controls?  Yes  No  
Does risk obtain Certificates of Insurance from independent drivers?  Yes  No  
Does the risk use a diary system to track the expiration dates of the COI's?  Yes  No

22 Do you have current (within the last year) MVR's on all drivers?  Yes  No  
How often do you update these MVR's?  Yes  No  
Is there a maximum number of allowable violations/points per driver?  Yes  No  
If yes, how many? \_\_\_\_\_

23 Do you administer an initial road test for all drivers?  Yes  No  
For all drivers with CDL's?  Yes  No  
Physical Exam?  Yes  No  
If yes, how often? \_\_\_\_\_  
References checked?  Yes  No  
Driver training provided?  Yes  No  
Is there drug testing?  Yes  No  
If yes, how often? \_\_\_\_\_

24 How are the drivers paid? \_\_\_\_\_

25 Percentage breakdown of operations?

\_\_\_\_\_% Dry van-truckload      \_\_\_\_\_% Flatbed      \_\_\_\_\_% Auto Hauler  
 \_\_\_\_\_% Intermodal      \_\_\_\_\_% Tank-dry      \_\_\_\_\_% Hopper-grain/wheat  
 \_\_\_\_\_% Reefer      \_\_\_\_\_% Tank-liquid      \_\_\_\_\_% Dump-end  
 \_\_\_\_\_% Other: \_\_\_\_\_      \_\_\_\_\_% Dump-Belly

26 Is there a cell phone policy?  Yes    No  
 If yes, please describe: \_\_\_\_\_

27 Do you transport hazardous materials, waste or substance which requires placarding?  Yes    No

**Waste and Garbage Hauler Questions:**

1 Does the insured haul any hazardous materials?  Yes    No

2 Does the insured have fixed bucket front-loaders used for trash pick-up?  Yes    No

3 Do employees ever ride on the outside of these vehicles?  Yes    No

4 Does the insured operate a material recovery facility, transfer station and/ or a dump/landfill?  Yes    No

5 What % of the insured garbage pick-up operations are fully automated (driver does not leave the truck)? \_\_\_\_\_%

6 What % of the insured's operations is residential? \_\_\_\_\_%

7 Are the insured's employees members of a union?  Yes    No

8 Does the driver or employee do any loading or unloading?  Yes    No

9 Do you haul garbage, waste, construction debris, or recyclables?

If yes:      \_\_\_\_\_% Commercial      \_\_\_\_\_% Residential      \_\_\_\_\_% Recycle  
                  \_\_\_\_\_% Automated      \_\_\_\_\_% Manual  
                  \_\_\_\_\_% Rolloff      \_\_\_\_\_% Dumpsters      \_\_\_\_\_% Cans/Bins

**Payroll and Premium History:**

Policy Term	Premium	Payroll
Expiring Term		
1st Prior		
2nd Prior		
3rd Prior		

\_\_\_\_\_  
 Name Title

\_\_\_\_\_  
 Date