

Company Name

Address

Business Description

Company Website Address

VAT Registration Number

Current Insurer

Policy Number

Renewal Date

Section A - Vehicles

(1) Please indicate the total number of vehicles within your fleet.

	Number	Average Annual Mileage per Vehicle
Private Cars - essential business use.	<input type="text"/>	<input type="text"/>
Private Cars - SD & P.	<input type="text"/>	<input type="text"/>
Goods Carrying Vehicles to 3.5T GVW.	<input type="text"/>	<input type="text"/>
Goods Carrying Vehicles over 3.5T GVW.	<input type="text"/>	<input type="text"/>

All other vehicles (please specify).

(2) Are any vehicles valued over £100k?

Yes

No

If 'Yes', please specify (make/model, registration number & value)

(3) In respect of trailers, please confirm:

(i) Total number

(ii) Total value

(iii) Maximum value of any one trailer

(4) Please advise the maximum number and value of vehicles and trailers that could be in any one location at any one time:

	Number	Value
Goods Carrying Vehicles	<input type="text"/>	<input type="text"/>
Private Cars	<input type="text"/>	<input type="text"/>
Trailers	<input type="text"/>	<input type="text"/>

(5) In respect of any temporary hired in vehicles please confirm:

(i) Total number of vehicles in the last 12 months.

(ii) Combined total of days in the last 12 months.

(6) Are all vehicles owned by or leased to the company?

 Yes No

If 'No', please give details of any such vehicle, who they are owned by and the relationship between the owners and your company.

(7) How many vehicles are fitted with security devices (other than manufacturer's standard system)?

Alarms/immobilisers

Remote tracking devices

Telematics systems

Installed cameras

Please detail what systems you have installed including dates of when they were installed.

(8) What steps do you take to secure your vehicles/trailers/loads?

(9) What additional steps do you take to secure your high value vehicles/trailers/loads?

(10) Please indicate the number of vehicles that are fitted with tachographs and how often tachograph records are checked.

	Number	Check frequency
Analogue	<input type="text"/>	<input type="text"/>
Digital	<input type="text"/>	<input type="text"/>

Are they analysed in-house or by a bureau (if bureau, please state the name of the company)?

Section B - Operations

(1) Please confirm the number of Operators Licences held:

	Vehicles	Trailers
Restricted	<input type="text"/>	<input type="text"/>
National	<input type="text"/>	<input type="text"/>
International	<input type="text"/>	<input type="text"/>

(2) Have you ever been called upon to attend a public inquiry?

Yes No

If 'Yes', please indicate:

(i) The reason for and date of the inquiry.

(ii) The result of the inquiry.

(iii) Any sanctions imposed.

(3) For how many years have you traded in your current profession?

(4) What is your usual radius of operations?

(5) Do you undertake any time-critical or multi-drop operations?

Yes No

If 'Yes', please provide details:

(6) Do you carry, or are you likely to carry any goods or materials which are of a hazardous nature?

Yes No

If 'Yes', please complete the table below.

UN Class	Division	Packaging Group	Transport Category	Nature of Goods	% of Annual (GBP) Turnover	% of Annual Turnover (GBP) carried in bulk or tankers
1						
2	2.1					
	2.2					
	2.3					
3						
4	4.1					
	4.2					
	4.3					
5	5.1					
	5.2					
6	6.1					
	6.2					
7						
8						
9						

(7) If applicable, please provide the name of your appointed Dangerous Goods Safety Advisors.

(8) Do any of your vehicles visit hazardous sites such as airports, chemical plants, power stations or military bases?

Yes No

If 'Yes', please specify the locations and how often these sites are visited.

(9) Are any of the vehicles used on business outside of the UK?

Yes No

If 'Yes', please specify:

(i) The number of trips over the last 12 months.

(ii) The total number of days over the last 12 months.

(iii) The countries visited.

(iv) The maximum number of days for any one trip.

(10) Have you made any significant changes to the fleet or the business operations in the last 12 months?

 Yes

 No

If 'Yes', please provide details below.

Vehicle Type/Use	Contracts	Procedures and Risk Management

(11) Do you anticipate any further changes over the next 12 months?

 Yes

 No

If 'Yes', please provide details below.

Vehicle Type/Use	Contracts	Procedures and Risk Management

Section C - Drivers

(1) What percentage of employees allocated or with regular access to a company vehicle:

(i) Fall within the below age brackets?

Under 21

22-25

26-29

30-45

46-65

66-70

Over 70

(ii) Have less than 2 years experience on the appropriate driving licence.

(2) Have you or anyone who will drive been convicted during the last five years of any offence relating to theft, fraud or dishonesty?

(3) Please confirm the level of turnover of employees allocated or with regular access to a company vehicle over the past 12 months.

(4) How regularly are employees driving licences checked?

(5) Are family members and/or friends of employees permitted to drive company vehicles? Yes No

If 'Yes', please detail any restrictions and confirm what procedures are in place with regards to driving licence checks in respect of these drivers.

(6) Do you restrict who is permitted to drive high value/high performance cars? Yes No

If 'Yes', what restrictions would you apply (eg minimum age/driving experience)?

(7) Do you use agency, temporary or casual drivers? Yes No

If 'Yes', what percentage of your workforce do these drivers represent?

(8) Do you employ non UK drivers? Yes No

If 'Yes', what percentage of your workforce do these drivers represent?

Please specify how many drivers are employed from countries outside of the EU.

(9) Are employees permitted to use their own vehicles in connection with company business? Yes No

If 'Yes', do you check their insurance is current and covers business use?

(10) Are all employees allocated or with regular access to a company vehicle assessed for risk? Yes No

(11) Please provide details of any driver training undertaken in the past 24 months.

Type of Training	Numbers Involved	Training Provider

(12) What percentage of your drivers hold ADR qualifications?

Section D - Fleet Management/Management procedures

(1) Is your Fleet Transport Manager full time/part time? F/T P/T

Please give their name and qualifications.

If you do not have a Transport Manager, who has responsibility for the fleet management?

(2) Do you have any managers who are trained to carry out accident investigations? Yes No

(3) Do you set targets and monitor fleet performance? Yes No

(4) Do you operate a 'Remote Vehicle Management System'?

Yes No

If 'Yes', please provide details.

- (i) Company used
- (ii) Length of time the system has been in place
- (iii) Number of vehicles involved

(5) Please provide details of the company's vehicle maintenance programme.

Is it carried out in-house or contracted out?

How frequently is it carried out?

What is the procedure for reporting vehicle defects?

(6) Please provide full details in terms of the company's approach to the EU drivers CPC requirements.

- (i) Is your firm an approved CPC training company? Yes No
If 'No', have you links with a training company to provide CPC training for your drivers? Yes No
- (ii) Do you monitor your drivers' progress towards CPC qualifications? Yes No
- (iii) Do you have a checking procedure to record details of the Drivers Qualification Card? Yes No

If 'Yes', please provide details.

(7) Do you operate a driver reward/penalty scheme to encourage accident free driving?

Yes No

If 'Yes', please provide details including how long it has been in force.

(8) Is your company affiliated with any road safety organisations?

Yes No

If 'Yes', please provide details.

(9) Do you have a documented health & safety compliant 'Driving at Work' road safety policy?

Yes No

- If 'Yes':
- (i) When was it last reviewed?
 - (ii) Is the policy highlighted during a driver's induction process? Yes No
 - (iii) Is management of the policy specifically allocated to a Director? Yes No
 - (iv) Does the policy detail the required driving standards of the company? Yes No

(10) Do you issue drivers with a company driver's handbook?

Yes

No

If 'Yes', please provide a copy.

(11) For all new employees allocated or with regular access to a company vehicle, do you:

(i) Take a copy of their driving licence?

Yes

No

(ii) Obtain details of driving history including claims/convictions?

Yes

No

(iii) Assess their driving ability?

Yes

No

(iv) Follow up references submitted as part of an application?

Yes

No

(12) Do you supply drivers with instructions about what to do in the event of an accident?

Yes

No

(13) Are post accident reviews undertaken?

Yes

No

(14) Do you record and analyse accidents and other incidents such as near misses and incidents reported under the 'How's My Driving' scheme?

Yes

No

If 'Yes', how is this data used?

I/We declare that the details given above are true to the best of my/our knowledge and belief and that no information has been withheld by me/us that might influence the insurers' assessment of this document.

Signature

Name

Position

Date