

Motor Fleet Factfinder

The information provided by you will allow us to assess your insurance risk and assist us in considering the possibility of enhancing your risk management in order to minimise your future claims costs.

General Information

| | | |
|--|----------------------|-----------------------------------|
| Company Name | <input type="text"/> | |
| Business Description | <input type="text"/> | |
| Registered address | <input type="text"/> | |
| Number of years the company has been established | <input type="text"/> | |
| Website address | <input type="text"/> | |
| Policy No | <input type="text"/> | Renewal Date <input type="text"/> |

Vehicle Profile

1. Please advise the total number of vehicles and estimated mileage for the following:

| | No of vehicles | Est annual mileage/vehicle |
|--|----------------------|----------------------------|
| a) Private Cars | <input type="text"/> | <input type="text"/> |
| b) Commercial Vehicles with GPW less than 3.5t | <input type="text"/> | <input type="text"/> |
| c) Commercial Vehicles with GPW 3.5t – 16t | <input type="text"/> | <input type="text"/> |
| d) Commercial Vehicles with GPW more than 16t | <input type="text"/> | <input type="text"/> |
| e) No of Coaches/Minibuses | <input type="text"/> | <input type="text"/> |
| f) All other vehicles | <input type="text"/> | <input type="text"/> |

2. Are any vehicles valued over £60,000 Yes/No

If yes please specify below:

| Type | Registration | Value |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Please specify details of any temporary hired-in additional vehicles in the past 12 months

.....
.....

4. Please specify details of trailers owned below

| Total No | Total Value | Maxm Value |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

The Drivers

1. What percentage of employees allocated, or with regular access, to a company vehicle fall within the below age brackets

- a) Under 20
- b) 20 – 23
- c) 24 – 29
- d) 30 – 60
- e) Over 60

2. Please detail the level of turnover of employees allocated, or with regular access, to a company vehicle in the past 12 months

.....
.....

3. Do you use agency/ temporary or casual drivers Yes/No

If yes please provide details including the number of days per year

.....

4. Do you employ non-UK drivers Yes/No

If yes provide details of how many and the nationality of each

.....
.....

5. How regularly are employees driving licences checked?

6. Are non-employees allowed to drive company vehicles? Yes/No

If yes please detail any restrictions and advise what procedures are in place with regards to driving licence checks

.....
.....

7. Are all employee's allocated (or with regular access to) a company vehicle assessed for risk
Yes/No

If yes please provide detail including frequency

.....
.....

8. Please provide details of any driver training undertaken in the past 24 months include numbers involved and the name of training provider

.....
.....

Operations

1. What is the usual radius of operations

2. If any of your vehicles are used on business outside the UK what are the approximate days and territories?

.....
.....

3. Do any of your vehicles visit hazardous sites such as airports/ chemical plants/ power stations/ military bases Yes/No

If Yes please provide specific details

.....
.....

Management Procedures

1) Do you have a documented H & S compliant 'Driving at Work' road safety policy Yes/No
If YES

a) when was this last reviewed

b) is management of the policy specifically allocated to a director Yes/No

c) does the policy detail the required driving standards of the company Yes/No

2) Do you issue drivers with a company driver's handbook? Yes/No
If YES please provide a copy

3) For all new employee's allocated (or with regular access to) a company vehicle, do you:

a) Take a copy of their driving licence? Yes/No

b) Obtain details of driving history (inc claims and convictions)? Yes/No

c) Assess their driving ability? Yes/No

d) Follow up references submitted as part of application? Yes/No

4) Are employees permitted to drive their own vehicles on company business? Yes/No
If yes please details how this activity is monitored/controlled

.....
.....

5) Do you supply drivers with instructions on what to do in the event of accident? Yes/No

6) Are post accident interviews undertaken? Yes/No

7) Do you record and analyse incidents? Yes/No
If YES please advise how this data is used

8) Are vehicle options/choices evaluated in detail to ensure suitability/fitness for purpose?
Yes/NO

9) Are any additional security/tracking systems fitted (other than manufacturer's standard system)? Yes/No
If YES please supply details

.....
.....

Declaration.

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' acceptance and assessment of this Insurance.

Signature on behalf of the proposer.....

Status/position.....

Date.....