



## AUTO FLEET QUESTIONNAIRE

**Insured Name:**

**Total Units:**

Which over 50% of the time travel 1-100 miles:

Which over 50% of the time travel 101-200 miles:

Which over 50% of the time travel 200 or more miles:

Total Annual Payroll (Dedicated Drivers Only): \$

**PLEASE CHECK: Commodities hauled:**

Corn	Wheat	Grain Sorghum	Soybeans	Liquid Fertilizer	Dry Fertilizer
Livestock	Produce	Vegetables	Bulk feed	Sacked Feed	Refrigerated items
Dried Beans	Anhydrous Ammonia	Other			

**PLEASE CHECK: Commodities "Backhauled" (IF APPLICABLE):**

Corn	Wheat	Grain Sorghum	Soybeans	Liquid Fertilizer	Dry Fertilizer
Livestock	Produce	Vegetables	Bulk feed	Sacked Feed	Refrigerated items
Dried Beans	Anhydrous Ammonia	Other			

**PLEASE CHECK: Safety devices supplied to employees:**

Back Support Systems	Safety Eyewear	Safety gloves	Non slip footwear	None
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**PLEASE CHECK ONE: Extent of Safety Program and Policies:**

No Safety Program

Informal Program - no written safety manual; safety meetings conducted regularly

Formal Program - written safety manual; safety meetings conducted regularly and documented

Advanced Formal Program - written safety manual; safety meetings conducted regularly and documented;  
pre-employment screening post accident investigation; post accident drug test; random drug testing;  
safety committee

**PLEASE CHECK ONE: Extent of Fleet Safety Program**

No Fleet Safety Program

Informal Program - no written program; obtain MVR's annually

Formal Program - written program; obtain MVR's annually; check prior employment; drug & alcohol testing

Advanced Formal Program - written program; obtain MVR's annually; check prior employment; drug & alcohol testing  
physical examination; conduct written and road test; driver incentive program; written disciplinary program for  
physical examination; conduct written and road test; driver incentive program; written disciplinary program for

**FOR COMPANIES WHICH HAVE 7 OR MORE TRUCK TRACTOR UNITS HAULING COMMODITIES**

## **AUTO FLEET QUESTIONNAIRE**

**Do you haul for hire?**

YES NO

**Do you have a truck maintenance program?**

YES NO

**Do you have an onsite shop and mechanics?**

YES NO

**If no, who does maintenance on trucks:**

**Do you interchange or use other companies trailers?**

YES NO

**Do you haul any Hazmat commodities?**

YES NO

**Are drivers allowed to take the truck overnight to their personal residence?**

YES NO

**If yes, do you have a written policy regarding personal use of a company vehicle**

YES NO



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