

## HAULAGE & GENERAL QUESTIONNAIRE

*Please note that all questions must be answered.*

Company Name	
Address	
Business Description	
Policy Number	
Renewal Date	

### Section ONE - Vehicles

1. Please indicate the total number of vehicles in your fleet.			
		Number	Average Annual Mileage Per Vehicle
Private Cars – essential business use			
Private cars – S, D & P			
Light Commercial Vehicles up to 7.5t GVW			
Goods Carrying Vehicles 7.5T GVW – 18T GVW			
Goods Carrying Vehicles 18.1T GVW – 44T GVW			
Goods Carrying Vehicles greater than 44T GVW			
All other vehicles (please specify)			
2. Are there any vehicles valued over £100k?		YES	NO
If yes, please specify			
MAKE	MODEL	REGISTRATION	VALUE
3. In respect of trailers, please confirm:			
Total Number			
Total value			
Maximum value of any one trailer			
4. In respect of any temporary hired in vehicles, please confirm			
Total Number of vehicles in the last 12 months			
Combined total days in the last 12 months			
5. Are all vehicles owned by or leased to the company?		YES	NO
If No, please give details of any such vehicles, who they are owned by and the relationship between the owners and your company.			

6. Are your vehicles hired or rented to drivers?	YES	NO
If yes, please advise:		
	HIRED	RENTED
The number of vehicles		
Usual period of rental (weekly, monthly or annually)		

**Section TWO - Operations**

1. Please confirmed the number of Operators Licences held:		
	VEHICLES	TRAILERS
Restricted		
National		
International		
2. What is your usual radius of operations?		
3. Are any of the vehicles used on business outside of the UK?		YES
If yes, please specify:		NO
The number of trips over the last 12 months		
The total number of days over the last 12 months		
The countries visited		
The maximum number of days for any one trip.		
4. Have you made any significant changes to the fleet or the business operations in the last 12 months?		YES
If yes, please provide details below		NO
5. Do you anticipate any further changes over the next 12 months?		YES
If yes, please provide details below		NO
6. Please specify the nature of your operations:		
	Mark an "X"	% of turnover relating to this use?
Own Goods		%
General Haulage		%
Bulk Haulage		%
Multidrop/Time Critical		%
Palletised Goods		%
Tippers & Waste		%

7. Have you ever been called upon to attend a public inquiry or had an operator's licence suspended or revoked?					YES	NO
If yes, please provide full details						
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. 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	PACKING 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						

**Section THREE – DRIVERS**

1. How many employees with regular access to a company vehicle (including part-time employees) do you currently employ?	
State the number of drivers which fall within the age brackets below:	
Under 21	
22-25	
25-65	
66-70	
Over 70	
Have less than 2 years' experience of the appropriate driving licence? If yes, please provide details.	

2. Have you or anyone who will drive, been convicted during the last 5 years of any offence relating to theft, fraud or dishonesty?	YES	NO
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 regard to driving licence checks in respect of these drivers.		
6. Do you use agency, temporary or casual drivers?	YES	NO
If yes, what percentage of your workforce do these drivers represent?		
7. 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?		
8. Are all employees allocated or with regular access to a company vehicle assessed for risk?	YES	NO
Please provide details of driver assessment procedures (in-vehicle, classroom based, references, etc)		

**Section FOUR - Security & Risk Management**

1. Do the vehicles have fitted security/risk management devices? If yes, please provide the number and the make/model details.				
	YES	NO	NUMBER	DETAILS
Remote tracking devices				
Telematics systems				
Installed cameras				



3. Do you take additional steps to secure vehicles/trailers?	YES	NO
If yes, please provide details.		

**Section FIVE – FLEET MANAGEMENT/MANAGEMENT PROCEDURES**

1. Is your Fleet Transport Manager Full Time/Part Time?	F/T	P/T
Please provide 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. 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?		
5. Do you operate a driver reward/penalty scheme to encourage accident free driving?	YES	NO
If yes, please provide details		
6. Do you supply drivers with instructions about what to do in the event of an accident?		
13. Are post-accident reviews undertaken?		
14. Do you record and analyse accidents and other incidents such as near misses and incidents reported under the “how is my driving” scheme?		

If yes, how is the data used?



Declaration

Once you have read and understood this document, please read and sign the declaration below:

We undertake that the vehicle(s) will not be driven by any person(s) who to our knowledge:

- A has been refused any motor vehicle insurance or continuance thereof;
- B suffers from any medical condition that requires DVLA notification
- C has during the past five years been convicted of any of the following motor offences: -
  - Manslaughter;
  - Causing death by dangerous driving;
  - Dangerous driving;
  - Driving under the influence of drink or drugs;
  - Failing to stop after an accident;
  - Any offence or combination of offences which resulted in suspension from driving;

unless advised to and agreed in writing by the insurers.

I declare that the details given above are true to the best of my knowledge and belief and that no information has been withheld by me that might influence the Insurers' acceptance and acceptance of this insurance.

Signature on behalf of the proposer	
Status / Position	
Date	

**In the event of a contract of insurance being agreed between you (the proposer) and us (Unicorn Underwriting) please note the following:**

- Your cover does not start until you have been issued with a cover note or Certificate of Motor Insurance;
- Your policy is subject to English law and to the exclusive jurisdiction of the English courts, unless we have agreed otherwise with you;
- Under the terms of the contact you have a continuing obligation to notify us immediately of any change in the information provided.

Full details of our complaints procedure are set out in your Insurance policy.