

PASSENGER CARRYING VEHICLE 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 number of vehicles within your fleet and their licensing arrangements (e.g. "Plated"/"un-plated" Private Hire, London Taxi or Hackney Carriage):

	Number	Annual Mileage	Licence Type	Issuing Authority
Cars				
People Carriers/MPVs (vehicles with up to 7 passenger seats)				
Minibuses (vehicles with up to 16 passenger seats)				
Coaches				
Buses				
All other vehicles (please specify)				

2. Please advise the maximum number and value of vehicles that could be in any one location at any one time:

	NUMBER	VALUE
Vehicles		
Trailers		

3. 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	

4. 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.		

Section TWO - Operations

1. Please confirmed the number of Operators Licences held:

	Number of licences
Restricted	
National	
International	

2. What is your usual radius of operations?		
3. Please specify the nature of your operations:		
	% OF ALL WORK	OPERATIONS
Private Contract Hire	%	
School Contracts	%	
UK Tours	%	
Overseas Tours	%	
Stage carriage	%	
Express carriage	%	
Public Hire/Taxi	%	

4. Are any of the vehicles used on business outside of the UK?	YES	NO
If yes, please specify:		
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.		
5. Do you have contracts which involve the regular carriage of "VIPs" (Diplomats, Business Executives, members of the Entertainment Industry, Professional Sportspersons, models etc)	YES	NO
If yes, please provide details including the approximate level of turnover generated from such contracts.		
6. 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		
7. Do you anticipate any further changes over the next 12 months?	YES	NO
If yes, please provide details below		

Section THREE – DRIVERS

1. How many drivers (including part-time employees) are currently employed?	
How many drivers fall within the below age brackets:	
Under 21	
21-24	
25-65	
66-70	
Over 70	
2. Number of drivers with less than 2 years' experience of the appropriate driving licence	
3. Percentage of turnover of drivers over the past 12 months.	%
4. Percentage of agency, temporary or casual drivers?	%

5. Percentage of non-UK licenced drivers?	%	
6. How regularly are employees driving licences checked?		
What action, if any, is taken if convictions are disclosed?		
7. Percentage of non-employees driving on your policy?	%	
8. Please provide details of any driver training undertaken in the past 24 months		
TYPE OF TRAINING	NUMBERS INVOLVED	TRAINING PROVIDER

Section FOUR – FLEET MANAGEMENT/MANAGEMENT PROCEDURES

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 (manufacturer & model number)
Remote tracking devices				
Telematics systems				
Installed cameras				
2. Is your Fleet Transport Manager Full Time/Part Time?			F/T	P/T
3. For all new employees allocated or with regular access to a company vehicle do you:				
Take a copy of their driving licence &/or taxi licence	YES	NO		
Obtain details of driving history including claims/convictions	YES	NO		
Assess their driving ability	YES	NO		
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?				
13. Are post-accident reviews undertaken? If so, how is the information used?				

Declaration

Once you have completed 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.