

# Auto Questionnaire

## GENERAL INFORMATION

1. Named Insured:
2. Effective Date:

## VEHICLE INFORMATION

3. Vehicle Type and average journey distance

Type	Number	0-50 Miles	51-200 Miles	Over 200 Miles
Private Passenger		%	%	%
Light Truck		%	%	%
Medium Truck		%	%	%
Heavy		%	%	%
Extra Heavy Truck		%	%	%

***Please attach a Vehicle Schedule***

4. Five Year Information

Year	Payroll	Total Number Vehicles	Total Mileage
Year 1			
Year 2			
Year 3			
Year 4			
Current Year			
Projected Year			

5. Please summarize your vehicle maintenance program.

## DRIVER INFORMATION

*Please feel free to answer questions in this section on a separate attached sheet.*

6. Please describe the full extent of background checks that are made before new driver hires:

Does your driver acceptability criteria match or exceed the following:

Three or more violations and/or at fault collisions OR any one of the below violations within the last 5 years prohibits hiring:

7.
  - Driving while intoxicated or "under the influence."
  - Drivers who currently have a suspended or revoked license.
  - Leaving the scene of an accident or failure to report an accident.
  - Hit and run.
  - Operating during a period of suspension or revocation.
  - Careless or reckless driving or speed contest violations.
  - Negligent homicide or assault through use of a motor vehicle



**LIG Marine Managers**

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8. Regarding the above, is the record check undertaken by you or a third party?	
9. What is your approach to drug and alcohol testing? In your answer, please address both prospective and existing drivers.	
10. What is the minimum experience level you require of employees driving company vehicles?	
11. How many new drivers were hired in the last 12 months?	
12. What was the frequency of driver turnover in the last 12 months?	
13. To what extent are company vehicles allowed to be driven for personal use? If they are not, how is it prohibited and monitored?	
14. What limitation do you put on drivers regarding maximum hours working by day and how is it enforced and monitored?	
15. How many drivers have had driving privileges removed in the past 5 years for safety policy violations?	

## SAFETY

*Please feel free to answer questions in this section on a separate attached sheet.*

16. Please provide details of your driver training program.	
17. Please explain your standard procedure after a road traffic accident, including both what the driver should do and how you manage post incident.	
18. What technology do you utilize as part of your fleet management (GPS, In Cab technology, telemetries etc.)?	



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19. How do you measure the performance and effectiveness of your fleet safety program?	
20. What is your company policy regarding driver cell phone use and how is it enforced and monitored?	
21. How do you ensure drivers are properly rested between journeys and while operating vehicles?	

*Please feel free to answer questions in this section on a separate attached sheet.*

I/we hereby declare that the above information and are true and I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with underwriters if issued.

### APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



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