

**AUTOMOBILE FLEET AND DRIVER SAFETY**

Do you have a formal fleet safety program?  Yes  No

Does your safety program address vehicle use and driver safety?  Yes  No

Does the driver safety program contain:

A. Cellphone Use/No Texting While Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Drug and Alcohol Policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Safe Driving/Speeding Policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Pre-Trip Safety Inspection Policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Driver fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Telemetrics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Do you require written Employee acknowledgement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DRIVER HIRING**

Do you have a formal driver hiring program in place?  Yes  No

Does the program have a minimum acceptable criteria for:

1. Driver Age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age:	Click or tap here to enter text.
2. Valid/In-force license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Major violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, explain:	Click or tap here to enter text.
b. Maximum number in last 3 years?	Click or tap here to enter text.
a. Maximum number in last 12 months?	Click or tap here to enter text.

Do you review MVRs for all Drivers?  Yes  No

How often? Click or tap here to enter text.

Do you have a formal MVR grading Criteria?  Yes  No

Do you perform criminal background checks?  Yes  No

Do you perform Physicals?  Yes  No

Drug testing?  Yes  No

1. Pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2. Random?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. Post Accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Are any employees currently excluded drivers on your automobile policy?  Yes  No



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**VEHICLE MAINTENANCE**

Do you have a formal maintenance program?  Yes  No

If so, who performs maintenance? [Click or tap here to enter text.](#)

**PERSONAL OR FAMILY USE**

Are employees allowed to take company vehicles home?  Yes  No

Are company vehicles allowed to be used for personal use?  Yes  No

Are company vehicles allowed to be used by family members?  Yes  No

Do any employees drive personal vehicles for company use?  Yes  No