

# Trucking Questionnaire



Account Name : \_\_\_\_\_

Producer Name: \_\_\_\_\_

DOT #: \_\_\_\_\_

## SAFETY

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1  | Is there a formal written safety program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2  | Is there a written fleet safety program?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | a) Name the person responsible for the program: _____                                       |                              |                             |
| 3  | Is there a vehicle maintenance program in place?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4  | Does risk have a New Hire Orientation Program with pre-hire physicals, drug screenings etc? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5  | Does risk have do pre-hire and post accident drug testing?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6  | Is there a Safety Director on staff with no additional job duties?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | Name _____  |                              |                             |
| 7  | Is there a formal accident investigation program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8  | Does this risk have a formalized safety incentive program?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | If so give a description _____  |                              |                             |
| 9  | Does this risk have a formal Return To Work Program in place?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Is an accident prevention program in place?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Is an accident investigation/review procedure in place?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | a) Are drivers instructed what to do if an accident occurs?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## DRIVERS

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 12 | Current number of drivers: _____  |                              |                             |
|    | a) How many CDL's _____   |                              |                             |
| 13 | Are driver's actual employees or independent contractors?   |                              |                             |
|    | <input type="checkbox"/> Employees-How Many _____ <input type="checkbox"/> Independent Contractors-How Many _____                   |                              |                             |
| 14 | If driver's are independent contractors, does the risk want to provide WC coverage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15 | Do the independent contractors work exclusively for the insured?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Do the independent contractors go through the same screening process as employee drivers and subject to the same internal controls? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | a. Does risk obtain Certificates of Insurance from independent driver's?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b. Does the risk use a diary system to track the expiration dates of the COI's?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17 | Do you have current (within last year) MVR's on all drivers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | a) How often do you update these MVR's _____  |                              |                             |
|    | b) Is there a maximum number of allowable violations/points per driver?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | 1. If yes, how many? _____  |                              |                             |
| 18 | Do you administer an initial road test for all drivers?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | a) For all drivers with CDL's?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b) Physical exam?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | 1. If yes, how often? _____   |                              |                             |
|    | c) References checked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | d) Driver training provided   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | e) Is there drug testing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | 1. If yes, how often? _____   |                              |                             |

19 How are drivers paid?

## OPERATIONS

20 List all states this risk operates in:

21 Percentage of trips of operation in various radius categories:

0-50 % 101-200 % 301-500 %  
51-100 % 201-300 % 500-over %

22 Number of Vehicles?

23 Percentage breakdown of operations:

% Dry van-truckload % Flatbed % Auto Hauler  
% Intermodal % Tank-dry % Hopper-grain/wheat  
% Reefer % Tank-liquid % Dump-end  
% Other (describe): % Dump-belly

24 What is the % of travel in the following areas?

Urban % Suburban % Rural %

25 Types of commodities hauled?

26 Do drivers do any loading/unloading?

☐ NA ☐ Yes ☐ No

If "Yes" how is this performed?

27 Do you contemplate using double or triple trailers?

☐ NA ☐ Yes ☐ No

If "Yes" what percentage of trips involves the use of multiple trailers? %

28 Does risk do any back-hauling?

☐ NA ☐ Yes ☐ No

If "Yes" is the container/trailer empty or full?

What commodities would risk be back-hauling?

29 Do you transport hazardous materials, waste or substance which requires placarding?

☐ Yes ☐ No

30 Do you act as a freight-broker, freight-forwarder or arrange loads for others?

☐ NA ☐ Yes ☐ No

If yes, provide Brokerage/Forwarder's name:

31 Is there cell phone policy?

☐ Yes ☐ No

a) If yes, describe:

32 Health benefits?

☐ Yes ☐ No

Employee Participation %

Employer's Contribution %

33 Turnover %

34 Union

☐ Yes ☐ No

## WASTE AND GARBAGE HAULERS

35 Do you haul garbage, waste, construction debris, or recyclables?

☐ Yes ☐ No

If yes: Commercial % Residential % Recycle %  
Automated % Manual %  
Rolloff % Dumpsters % Cans/Bins %

Do employees ride on the outside of the vehicle?

☐ Yes ☐ No

Do you operate any landfills, dumps, or waste transfer stations?

☐ Yes ☐ No

Does the driver or employee do any loading or unloading?

☐ Yes ☐ No

Name

Title

Date