

# Sand & Gravel Fleet Survey

1. **Are all autos on schedule owned by insured? (attach vehicle schedule)** Yes  No

A. Does any insured own any vehicles which are not on the schedule? Yes  No

If yes, please explain: \_\_\_\_\_

B. Do other truckers operate under the permit of the insured? Yes  No

C. Does the insured rent or lease vehicles or equipment to others without operators? Yes  No

2. **Does the insured operate 5 or less power units?** Yes  No

A. Does the insured have Contract \_\_\_\_\_ or Common Carrier \_\_\_\_\_ authority?

B. Does the insured haul under long term contract? Yes  No

C. Does the insured operate as a trip lease operator? Yes  No

D. Who does the insured haul for? \_\_\_\_\_

E. Is the insured involved in any Retail delivery? Yes  No

F. Is the insured involved in any LTL operations? Yes  No

3. **What is the average radius (miles one way)?** \_\_\_\_\_

A. How often (times per week / month / year)? \_\_\_\_\_

B. What is the *maximum* radius? \_\_\_\_\_

C. How often (times per week / month / year)? \_\_\_\_\_

4. **What commodities are transported by the insured**

\_\_\_\_\_ % of total \_\_\_\_\_ % of total

\_\_\_\_\_ % of total \_\_\_\_\_ % of total

5. **Do any of the insured's loads require placarding?** Yes  No

If yes, please explain: \_\_\_\_\_

6. **What are the insured's points of destination?** \_\_\_\_\_

7. **Does the insured travel through any major metropolitan city?** Yes  No

If yes, list cities: \_\_\_\_\_

8. **Are ICC, PUC, or other filings required?** Yes  No

If yes, provide authority reference number(s) and define exactly how name appears on the filing(s):

Reference number ICC (MC) \_\_\_\_\_ CA(T) \_\_\_\_\_ State PUC# \_\_\_\_\_

Other state(s) \_\_\_\_\_ Number(s) \_\_\_\_\_

If ICC filed, which is state of domicile? \_\_\_\_\_

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Are any special filings required (TL844, etc)? Yes  No

If yes, please explain / describe commodities \_\_\_\_\_

**9. What is the combined fleet total mileage for each of the past three years? (commercial vehicles only)**

Current Year (1) \_\_\_\_\_ Prior Year (2) \_\_\_\_\_ Second Prior Year (3) \_\_\_\_\_

Total estimated for this year \_\_\_\_\_

**10. Are any of the vehicles laid-up on a regular basis during the year?** Yes  No

If yes, describe \_\_\_\_\_

**11. If operating Dump Trucks, are they equipped with backup alarms?** Yes  No

**12. Does the insured employ Subcontract Haulers?** Yes  No

If yes:

A. How many does he employ? \_\_\_\_\_ How often? \_\_\_\_\_

B. What are the total Gross Receipts? \_\_\_\_\_ Cost of Hire? \_\_\_\_\_

C. Is the Subcontractor required to name our insured on their policy? Yes  No

D. What limits are the Subcontractors required to carry? \$ \_\_\_\_\_

E. What type of controls does the insured have in place to verify coverage? \_\_\_\_\_

F. Do sub-haulers operate under the permit of the insured? Yes  No

G. Are sub-haulers controlled through dispatch by the insured? Yes  No

H. Are sub-haulers included in the regular fleet safety program? Yes  No

I. Are sub-hauler driver files administered by the insured? Yes  No

J. Provide copy of Subcontract Agreement

**13. Attach Drivers List (include license #, date of birth, date of hire & yrs of experience)**

**DRIVER SAFETY AND MAINTENANCE**

Driver safety and maintenance questionnaire must be completed if:

- A. Insured hauls for others
- B. Any vehicle travels more than 100 miles from garaging location.
- C. Fleet contains more than 5 power units.

**1. Truck Fleet number of drivers:**

A. Full time employed \_\_\_\_\_

B. Part time employed \_\_\_\_\_

C. Full time owner-operator \_\_\_\_\_

D. Trip lease operator \_\_\_\_\_

E. Total \_\_\_\_\_

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**2. Age of Drivers:**

- A. Minimum \_\_\_\_\_
- B. Maximum \_\_\_\_\_
- C. Number of Drivers under 25 \_\_\_\_\_
- D. Number of drivers over 65 \_\_\_\_\_
- E. Provide MVR's for all drivers

**3. How are the drivers compensated?**

Hourly  Trip  Mile

- A. At what rate? \_\_\_\_\_ Other? \_\_\_\_\_

**4. Does the driver selection procedure include:**

- A. Written application? Yes  No
- B. Reference check? Yes  No
- C. Road test certification? Yes  No
- D. Written test certification? Yes  No
- E. Drug testing? Yes  No
- F. Road test? Yes  No

If yes, given and reviewed by whom? (name and title) \_\_\_\_\_

**5. Drivers records (MVR's) requested:**

- A. New drivers? Yes  No
- B. Periodically? Yes  No
- C. How often? \_\_\_\_\_
- D. Are they reviewed? Yes  No
- E. How often? \_\_\_\_\_ By whom? (name and title) \_\_\_\_\_
- F. Does the insured participate in the DMV Employer Pull Notice Program? Yes  No   
If yes, what action is taken with driver? \_\_\_\_\_
- G. Are there any current drivers with convictions for DUI, DWI or Reckless Driving? Yes  No

**6. Drivers files:**

- A. Are drivers files maintained at this location? If no, where? \_\_\_\_\_ Yes  No
- B. Are they current and complete? Yes  No
- C. Are they reviewed? Yes  No
- D. How often? \_\_\_\_\_ By whom? (name and title) \_\_\_\_\_

**7. Does driver indoctrination include:**

- A. Familiarization with company rules, regulations, policies and procedures? Yes  No
- B. Daily vehicle inspection procedures? Yes  No
- C. Equipment familiarization including special training for handling certain commodities? Yes  No
- D. Route familiarization? Yes  No
- E. Emergency Procedures? Yes  No
- F. Accident reporting procedures? Yes  No
- G. Name, title and phone number of person responsible for safety: \_\_\_\_\_

\_\_\_\_\_

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**8. Driver turnover**

- A. How many of the current drivers have been with the insured:  
i. Less than 2 years? \_\_\_\_\_  
ii. More than 5 years? \_\_\_\_\_
- B. On an annual average, what is the percentage of turnover in the drivers? % \_\_\_\_\_

9. **Is it company policy to allow family members to ride in the truck tractors with the drivers?** Yes  No

**10. Maximum Hours:**

- A. What are the maximum hours for a driver? Daily \_\_\_\_\_ Weekly \_\_\_\_\_
- B. How often are the Driver Logs completed? \_\_\_\_\_
- C. How often does management review the Driver Logs? \_\_\_\_\_
- D. Are Sleeper cabs used? If yes, one or two persons? \_\_\_\_\_ Yes  No

**11. Preventative maintenance:**

- A. Is a record kept of each vehicle? Yes  No
- B. Controlled inspection frequency? Yes  No
- C. Daily vehicle condition reports? Yes  No
- D. Are front axle brakes operative on all units? Yes  No

12. **Are the vehicles serviced by the insured?** Yes  No

- A. If yes, number of on-site mechanics? \_\_\_\_\_
- B. If no, where are the trucks serviced? \_\_\_\_\_

**13. Which of the following elements are included in the insureds safety program? Please explain.**

- A. Trip recording (tachographs, on-board computers, GPS, etc.)? Yes  No   
\_\_\_\_\_
- B. Accident review? Yes  No   
\_\_\_\_\_
- C. Safety awards? Yes  No   
\_\_\_\_\_
- D. Fuel conservation bonuses? Yes  No   
\_\_\_\_\_
- E. Regularly scheduled safety meetings? Yes  No   
\_\_\_\_\_
- F. Camera kept in each vehicle to photograph accident scenes? Yes  No   
\_\_\_\_\_
- G. Other? \_\_\_\_\_