

AUTO SAFETY SUPPLEMENT

| | |
|---|---|
| Do you have a formal safety program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do your employees take company vehicles home in the evening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the insured have a Vehicle maintenance plan in place to address the following equipment? | |
| <input type="checkbox"/> Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Tires | <input type="checkbox"/> Electrical <input type="checkbox"/> Drivability |
| What is the applicant's policy regarding personal and family use of company vehicles. Describe. | |
| Do you review Motor Vehicle Records on prospective employees and annually thereafter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have specific criteria that you use to determine acceptable/unacceptable-driving records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please detail criteria used to determine acceptable/unacceptable-driving records? | |
| Explain how you handle employees with unacceptable driving records (remove driving privileges, written warning, probationary period, etc.). | |