

MOTOR FLEET QUESTIONNAIRE

Section 1: Insured details

Name of Insured:			
Current insurer:			
How long have they held the risk:			Years
Previous insurer if less than 5 years:			
Current policy expires:			
Holding broker:			
Contact name:			
Phone:		Mobile:	

Section 2: Insurance details

Basis of Rating or Premium Terms (expiring year)		Conventional	
		Burning Cost	
		C.E.D.	
		Aggregate Deductible	
If Aggregate Deductible:	Amount	\$	
	Excess	% of sum insured	
		\$ minimum	
Third Party Liability	\$		
Dangerous Goods	\$		
Has the insured ever had insurance declined, terminated, or refused a claim?	Yes		No
If Yes, please provide full details:			
Has the named insured or any other directors been subject to bankruptcy or have a criminal record?	Yes		No



If Yes, please provide full details:

Section 3: Fleet & Claims history for past 5 years

Period of insurance	No. of Vehicles	Total Fleet Value	Excess	No. of Claims	Total Cost of Claims
This year					
Last year					
2 years previous					
3 years previous					
4 years previous					

NB: Fleet numbers must be provided. Individual claims to be confirmed in writing on the Insurer's letterhead. For claims exceeding \$25,000, a separate detailed claims report must be completed.

Section 4: Operational details

Trading name:	
Previous trading names:	
Location of base:	
Postcode:	
Location of depots:	1.
	2.
	3.
	4.
	5.
No. of years in business:	_____ years
Gross freight earnings:	\$ _____
Major current contracts:	1.
	2.
	3.
Provide details of any significant changes in operation during the past five years:	

Section 5: Fleet details

What is the maximum value of any one combined unit?	\$ _____
How many of this value are there?	_____
Are you required to provide cover for any non-owned trailers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many non-owned trailers do you drive at any one time?	_____
If yes, what is the maximum value of any one non-owned trailer?	\$ _____



Section 6: Number of B-Double, B-Triple or Road Train configurations

	B-Double	B-Triple	Road Train
Current year:			
Last year:			
Two years prior:			
No. of years experience using this configuration:			
Maximum radius of operation:			
Do you only use drivers with in excess of 10 years' experience in these configurations?	Yes	Yes	Yes
	No	No	No
If No, please provide average number of years experience in these configurations:			

Section 7: Type of freight carried

	One trailer	2+ trailers
Dangerous Goods	%	%
General (Non dangerous goods)	%	%
Refrigerated goods (excluding hanging meat)	%	%
Hanging meat (refrigerated)	%	%
Livestock	%	%
Produce	%	%
Vehicles (including heavy machinery)	%	%
Building products	%	%
Coal & other minerals	%	%
Shipping containers	%	%
Other (please provide details)		

Section 8: Details of any dangerous goods carried

	Type carried	Amount carried per trip	% of operation
Class 1 Explosives			%
Class 2 Gases			%
Class 3 Flammable liquids			%
Class 4 Flammable solids			%
Class 5 Oxidising substances & organic peroxides			%
Class 6 Toxic & infectious substances			%



Class 7 Radioactive material				%
Class 8 Corrosive substances				%
Class 9 Miscellaneous				%

Section 9: Radius of operation

	One trailer	2+ trailers
Up to 150 km	%	%
150 km to 300 km	%	%
300 km to 600 km	%	%
600 km to 1000 km	%	%
1000 km to 1500 km	%	%
>1500km	%	%

Section 10: Major routes

	One trailer	2+ trailers
to	%	%
to	%	%
to	%	%

Section 11: Maintenance and repairs facilities

Does the company have facilities to perform services and maintenance?	Yes	No
If Yes, provide details:		
Does the company have facilities to perform accident repairs?	Yes	No
If Yes, provide details:		

Section 12: Security

Are all vehicles garaged at the one location?	Yes	No
What is the maximum value of all vehicles garaged at the one location?	\$	



Are vehicles garaged in:		
A) An unsecured open area?	Yes	No
B) A secured locked compound?	Yes	No
C) An enclosed covered area?	Yes	No
D) Does the location have security lighting?	Yes	No
E) Is the location patrolled by security guards?	Yes	No
F) Are guard dogs used?	Yes	No
G) Are keys left with vehicles?	Yes	No
Other additional information:		

Section 13: Employee details

Number of full-time employees		
Number of part-time employees		
Number of casual employees		
Number of contractors		
Number of sub-contracted tow operators		
Total number of employees		
What is the average length of time drivers stay with the company?	Years	
How many employees have voluntarily left the company in the past 12 months?		
How many employees have involuntarily left the company in the past 12 months?		
Are drivers required to submit a questionnaire and motor registry print upon employment?	Yes	No
Are drivers employed on a permanent basis?	Yes	No
Are tow-operators required to provide proof of non-owned trailer liability?	Yes	No
If Yes, to what value?	\$	

Section 14: Driving experience

Describe criteria for driver selection:
Describe any driver training program:



Describe any driver incentive scheme:	
How many drivers are under 25 years of age or with less than 2 years driving experience for required license class?	
If Yes, what vehicles are driven?	

Section 15: Occupational health and safety

Does the insured have a risk management program?	Yes	No
If yes, is this program audited?	Yes	No
Does the insured have Trucksafe accreditation?	Yes	No
Does the insured have Transport Forum accreditation?	Yes	No
Does the insured have Team 2000 accreditation?	Yes	No
Does the insured have PAQS accreditation?	Yes	No
Does the insured have Fatigue Management accreditation?	Yes	No
Other	Yes	No
If other, provide details:		
Are any vehicles governed/speed limited?	Yes	No
If Yes, provide details:		
Are any vehicles fitted with computer tracking devices?	Yes	No
If Yes, provide details:		
Are any vehicles operated on a 24-hour basis?	Yes	No
If Yes, provide details:		
Are vehicles dedicated to particular drivers full-time?	Yes	No



If Yes, provide details:		
Are all vehicles in a safe, roadworthy, undamaged condition?	Yes	No
If No, provide details:		
Have you ever been investigated or had fines imposed for breaches of the Occupational Health & Safety Act?	Yes	No
If Yes, please provide full details (i.e. details of circumstance, outcome etc).		

Signature:	
Name:	
Date:	

Fleetsure use only

Policy/Quote number:	
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