

Motor Fleet Factfinder

Haulage & Own Goods Distribution Risks.



Important: The information you give on this form is relevant to the insurer's assessment of the insurance risk

(i) at new business quotation stage or (ii) on renewal.

Failure to provide complete and accurate answers may entitle the insurer to vary or avoid any insurance cover subsequently issued.

Company Name

Company Website Address

Policy Number (if applicable)

Renewal Date

1 Vehicles

(a) Please indicate the total number of vehicles within your fleet.

Typical Annual Mileage

(i) Motorcycles and boxes.

(ii) Private Cars – essential business use.

(iii) Private Cars – others.

(iv) Goods Carrying Vehicles to 3.5t GPW.

(v) Goods Carrying Vehicles over 3.5t – 16t GPW.

(vi) Goods Carrying Vehicles over 16t – 32t GPW.

(vii) Goods Carrying Vehicles over 32t GPW.

(viii) All other vehicles.

(ix) The maximum number of trailers in your possession at any one time.

(b) Are any vehicles valued over £150,000?

YES ☐

NO ☐

If YES, please give details (registration number & value).

(c) Are any of your vehicles operated on a double shifted basis with more than 1 driver per vehicle?

YES ☐

NO ☐

If YES, please give details?

(d) Please advise the maximum number and value of vehicles and trailers that could be at one location (either garaged in a car park or compound)

Number

Value

Goods Carrying Vehicles

All other vehicles

Trailers

(e) (i) How is vehicle maintenance carried out? (e.g. In house or contracted out)

(ii) How frequently?

(iii) By whom?

(iv) What is the procedure for reporting vehicle defects?

(f) Do you fit security devices (other than manufacturers standard system)?

(i) Thatcham-approved alarms/immobilisers.

No. of vehicles fitted:

(ii) Non Thatcham-approved alarms/immobilisers.

No. of vehicles fitted:

(iii) Remote tracking devices.

No. of vehicles fitted:

(iv) Telematics systems.

No. of vehicles fitted:

Please indicate which systems you install.

Please advise the date the systems were installed.

(g) What additional steps do you take to secure "target" vehicles (high value vehicles and loads etc)?

(h) What security arrangements are in place for uncoupled semi-trailers or drawbar trailers parked outside or away from your own premises (e.g. 5th wheel pin lock/leg lock etc)?

(i) Do you fit any aftermarket technology to your vehicles?

YES

☐

NO

☐

(i) AEB where this wasn't standard fit?

No. of vehicles fitted:

Date(s) of Fitment:

Do you plan to fit optional AEB to any future vehicles?

YES

☐

NO

☐

If YES, please give details

(ii) Front Facing Cameras

No. of vehicles fitted:

Date(s) of Fitment:

(iii) Front & Rear Facing Cameras

No. of vehicles fitted:

Date(s) of Fitment:

(iv) Other technology?

No. of vehicles fitted:

Date(s) of Fitment:

Name?

Description?

Are you interested in learning more about preventive technologies?

YES

☐

NO

☐

If YES, please speak to your insurance intermediary for further details.

(j) Do you hold membership of the following:

(i) Bronze FORS

YES

☐

NO

☐

(ii) Silver FORS

YES

☐

NO

☐

(iii) Gold FORS

YES

☐

NO

☐

(iv) CLOCS

YES

☐

NO

☐

(v) Brake Professional

YES

☐

NO

☐

(vi) Van Excellence

YES

☐

NO

☐

(vii) Other, please describe?

(k) Does your fleet currently comprise of vehicles powered by alternative fuels other than petrol/diesel? YES ☐ NO ☐

If YES, please provide details

Will you be looking at alternative fuels when you replace vehicles? YES ☐ NO ☐

If YES, provide details

(l) Are all vehicles owned or leased to yourself or the company? YES ☐ NO ☐

If NO, please give details of the vehicles, their owners and their relationship to you/the company.

(m) In respect of Tachographs fitted to your vehicles, have you ever been charged with committing any tachograph offences? YES ☐ NO ☐

If YES, please give details.

(n) Describe your process for monitoring the tachograph data, including how frequently this is checked?

(o) How often do your vehicles operate overseas (can you estimate the number of vehicle days per annum)?

Within EU

Outside EU

If vehicles are operated outside the EU, please give details of the countries visited.

(p) Are all the vehicles used in connection with your business? YES ☐ NO ☐

If NO, please provide details of the vehicles and their use

Vehicle Registration	Registered Keeper of Vehicle	Relationship to you/the company i.e Spouse/Employee

(q) Do you hire in temporary additional vehicles?

If YES:

(i) Please advise the number of days of temporary hire for the last 12 months

(ii) Please estimate the number of days of temporary vehicles likely for the next 12 months

Please Note: failing to notify the insurer of all temporary changes of vehicle could invalidate a claim

(r) Please indicate the nature of your operation (general haulage, groupage, bulk haulage, logistics etc).

Have these changed in the last 12 months? YES ☐ NO ☐

Do you anticipate any change in the next 12 months? YES ☐ NO ☐

If YES, please give details.

(s) Do you undertake courier and/or parcel delivery operations?

If YES, please give indicate by approximate percentage of turnover, the type of services:

YES

☐

NO

☐

Next Day Services

Same Day Services

(t) If you operate commercial vehicles > 3.5ton, please provide details of your operator's license(s).

(i) Licence number(s)

(ii) If your vehicle(s) are exempt from having an Operator's License then please explain why?

(u) Please provide details of any licence offences or prohibitions you have incurred (e.g. maintenance, vehicle defects, tachograph etc) in the last 3 years.

(v) If known, please give your current Operator Compliance Risk Score:

(i) Roadworthiness.

(ii) Traffic Enforcement.

Note: Operator Compliance Risk Scores are assessed by DVSA and are available on enquiry.

(w) Have you made any changes to the fleet or your operation over the last 12 months?
(e.g. changes to the type or use of vehicles, extended replacement periods,
reduction in the number of vehicles, risk management procedures etc)

YES

☐

NO

☐

If YES, please give details.

(x) Do you intend, or have you planned to introduce any changes in the immediate future?
(e.g. reduction in the number of vehicles, extended replacement periods, changes to the
type or use of your vehicles, changes to your risk management measures etc)

YES

☐

NO

☐

If YES, please give details.

(y) What percentage of your vehicles contained within your vehicle schedule are equipped to the direct vision standard (DVS)?

2 Drivers

- (a) Please advise the number of individuals who may drive for your business.

Full time employees.

Part time employees.

Agency Drivers

Casual Drivers

Bona-fide sub-contractors or independent contractors

Self employed

If the total number of drivers is different to the total number of vehicles, please explain why?

- (b) Approximately what percentage of regular company vehicle drivers are:

(i) 20 or under.

 %

(ii) 21 to 24.

 %

(iii) 25 to 29.

 %

(iv) 30 to 75.

 %

(v) Over 75.

 %

- (c) For any driver 20 years of age or under, please provide name(s), age(s), length of time a full licence has been held, relationship to you, vehicle registration(s) and the use for which they are permitted to use the vehicle.

Name	Age	Length of time a full licence has been held	Relationship to you/the company i.e employee/relative	Vehicle registration number	Business Use	Social, Domestic & Pleasure Purposes

- (d) Please indicate the level of turnover of driving staff during the past 12 months.

 %

- (e) If you use Agency Drivers please answer (i), (ii) and (iii)

(i) Please give details of the number of Agencies used and number of driver days per year.

(ii) How do you choose your Agencies?

(iii) Do you give Agency Drivers any induction training or competency checks?

YES ☐

NO ☐

If YES, please give details.

- (f) Do you employ owner drivers?

YES ☐

NO ☐

(i) If YES, please give the number of owner drivers employed

(ii) Do the Owner Drivers insure their vehicles separately in their own names?

YES ☐

NO ☐

- (g) Do you employ non-UK drivers?

YES ☐

NO ☐

If YES, please give details (nationality of the drivers and the percentage of drivers from each country).

- (h) Please provide details of any serious motoring convictions incurred by any drivers in the past 3 years.

(Serious means any conviction(s) resulting in a disqualification, any conviction relating to Drink, Drugs, Dangerous Driving or Careless Driving causing death or any combination of convictions that aggregates to a total of 7 points or more).

Driver	Conviction Code	Date	Sentence	Blood Alcohol Level (if applicable)

- (i) Please provide details of any convictions or charges (but not yet tried) in respect of any criminal offence (excluding motoring offences) other than where spent under the Rehabilitation of Offenders Act as amended by the Legal Aid, Sentencing and Punishment of Offender Act 2012

3 Driver Management

(a) For all new employees who will drive on business, do you:

(i) Have a completed application form? If YES, please provide a copy.

YES ☐ NO ☐

(ii) Take a copy of their driving licence?

YES ☐ NO ☐

(iii) Obtain details of any previous motoring accidents or convictions?

YES ☐ NO ☐

(iv) Always follow up references?

YES ☐ NO ☐

(v) Assess their driving ability?

YES ☐ NO ☐

If YES, please indicate who conducts this.

(vi) Provide induction training?

YES ☐ NO ☐

If YES, please give details.

(b) How often do you check driving licences?

(c) Do you issue drivers with a company driver handbook? If YES, please provide a copy.

YES ☐ NO ☐

(d) Do you record and analyse incidents?

YES ☐ NO ☐

(e) Do you give drivers instructions in the event of an accident?

YES ☐ NO ☐

If YES, please give details.

(f) Does a manager interview the driver following an accident?

YES ☐ NO ☐

(g) Do you operate a penalty/incentive scheme to encourage accident free driving?

YES ☐ NO ☐

If YES, how long has this been in operation?

Please provide details.

(h) Do you allow non-employees to drive your company cars?

YES ☐ NO ☐

If YES, do you:

(i) Take a copy of their driving licences?

YES ☐ NO ☐

(ii) Obtain details of any previous motoring accidents or convictions?

YES ☐ NO ☐

(iii) Are any non employees aged under 25?

YES ☐ NO ☐

If YES, please provide their names, ages, the vehicles they drive and their relationship to you/the company.

YES ☐ NO ☐

(i) Do you instruct your drivers to report all claims direct to the insurer? If NO, please explain Why?

YES ☐ NO ☐

(i) Who do you report claims to?

(ii) Are you prepared to change your guidance to drivers to report claims direct to the insurer?

YES ☐ NO ☐

4 Driver Training

- (a) Do you have an in-house driver assessor/trainer?

YES ☐

NO ☐

If YES, please give details (name & qualifications).

- (b) Are you currently involved in an external driver-training programme?

YES ☐

NO ☐

If YES:

- (i) Which driver training organisation do you use?

- (ii) Please give brief details of the programme.

- (iii) How many drivers have undertaken external driver training during the last:

12 months.

24 months.

5 Operations

- (a) Do you have a full time fleet transport manager?

YES ☐

NO ☐

If YES, please give name and qualifications.

If NO, do you use an agency transport manager?

YES ☐

NO ☐

If YES, please give details.

- (b) Do your vehicles visit any hazardous sites, (i.e. power stations, nuclear installations, refineries, or bulk storage or production premises in the oil, gas or chemical industries, Ministry of Defence Premises, Military Bases, any airport, rail trackside or other rail property)

YES ☐

NO ☐

If YES, please give:

- (i) The names of the sites visited.

- (ii) Areas within the site you operate (e.g. plane side, unrestricted site access).

- (iii) The frequency of visits.

- (iv) The percentage of annual turnover associated with such visits.

 %

- (c) (i) Do you carry or are likely to carry, any goods or materials which are of a hazardous nature? YES ☐ NO ☐
- (ii) Are hazardous goods carried in tankers or as bulk loads? YES ☐ NO ☐

If YES, please complete the following table (see appendix at the end of the document for details).

UN Class	Division	Packing Group	Transport Category	Nature of Goods	% of annual Turnover	% of annual turnover carried in bulk or tankers
1						
2	2.1					
	2.2					
	2.3					
3						
4	4.1					
	4.2					
	4.3					
5	5.1					
	5.2					
6	6.1					
	6.2					
7						
8						
9						

- (iii) Do you carry 'High Consequence Dangerous Goods' (refer to the appendix at the end of the document for details)? YES ☐ NO ☐

If YES:

- Do you carry such goods in bulk loads or tankers? YES ☐ NO ☐

Please give details of the Class/Division of the goods carried.

- (iv) How many years have you been involved with hazardous goods?

- (v) Please give the name of your appointed Dangerous Goods Safety Adviser.

- (vi) How many of your drivers hold ADR qualifications?

- (d) What is the usual radius of your operations?

Declaration

I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. If the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signature

Name

Position

Date

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Appendix 1 - Definitions of Hazardous Goods

UN Classifications Class 1 Explosives Subdivided into 6 groups 1.1 to 1.6 Class 2 Gases Covers all compressed gases including flammable and toxic. Subdivided into: 2.1 flammable gases 2.2 non-toxic, non-flammable compressed gases 2.3 toxic gases. Class 3 Flammable liquids Give off vapour which burns in air if ignited. Class 4 Other flammables Subdivided into: 4.1 flammable solids 4.2 spontaneously combustible 4.3 dangerous when wet. Class 5 Oxidisers Subdivided into: 5.1 oxidising agents 5.2 organic peroxides. Class 6 Toxics Subdivided into: 6.1 poisonous/toxic substances 6.2 infectious substances. Class 7 Radioactives Not subdivided but there are 3 levels of danger. Class 8 Corrosives May cause serious burns etc. Class 9 Miscellaneous Covers any other substance classified as dangerous by the UN which does not readily fit into one of the above classes.	Packing Groups Dangerous Goods that are carried in packages are also assigned a Packing Group depending on the nature of the risk. Packing Group I High Danger Packing Group II Medium Danger Packing Group III Low Danger Transport Categories All dangerous goods are allocated a transport category ranging from 0 to 4. These values are used to determine whether the total quantity of goods carried is sufficiently large enough to fall within the regulations. TC0 relates to certain highly dangerous infectious substances. TC1 represent the most dangerous products such as toxic compressed gases. TC3 are less dangerous substances. TC4 are deemed so safe most of the regulations do not apply. When determining whether the regulations apply for loads of the same transport category, the total quantity in litres or kilograms must exceed the threshold for the relevant transport category.	High Consequence Dangerous Goods Are those which have the potential for misuse in a terrorist incident which may as a result, produce serious consequences such as major casualties or mass destruction. Special security provisions have to be applied whilst such goods are carried. High Consequence Dangerous Goods are listed below and carried in quantities greater than those indicated.																																																																																																					
	<table><tr><th rowspan="2">Class</th><th rowspan="2">Division</th><th rowspan="2">Substance or article</th><th colspan="3">Quantity</th></tr><tr><th>Tank (l)</th><th>Bulk (kg)</th><th>Packages(kg)</th></tr><tr><td rowspan="4">1</td><td>1.1</td><td>Explosives</td><td>a</td><td>a</td><td>0</td></tr><tr><td>1.2</td><td>Explosives</td><td>a</td><td>a</td><td>0</td></tr><tr><td>1.3</td><td>Compatibility group C explosives</td><td>a</td><td>a</td><td>0</td></tr><tr><td>1.5</td><td>Explosives</td><td>0</td><td>a</td><td>0</td></tr><tr><td rowspan="2">2</td><td rowspan="2"></td><td>Flammable gases (classification code F)</td><td>3000</td><td>a</td><td>b</td></tr><tr><td>Toxic gases (classification codes including letters T, TF, TC, TO, TFC or TOC) excluding aerosols</td><td>0</td><td>a</td><td>0</td></tr><tr><td rowspan="2">3</td><td rowspan="2"></td><td>Flammable liquids of packing groups 1 and 2</td><td>3000</td><td>a</td><td>b</td></tr><tr><td>Desensitised explosives</td><td>a</td><td>a</td><td>0</td></tr><tr><td>4.1</td><td></td><td>Desensitised explosives</td><td>a</td><td>a</td><td>0</td></tr><tr><td>4.2</td><td></td><td>Packing group 1 substances</td><td>3000</td><td>a</td><td>b</td></tr><tr><td>4.3</td><td></td><td>Packing group 1 substances</td><td>3000</td><td>a</td><td>b</td></tr><tr><td rowspan="2">5.1</td><td rowspan="2"></td><td>Oxidizing liquids of packing group 1</td><td>3000</td><td>a</td><td>b</td></tr><tr><td>Perchlorates, ammonium nitrate and ammonium nitrate fertilizers</td><td>3000</td><td>3000</td><td>b</td></tr><tr><td>6.1</td><td></td><td>Toxic substances of packing group 1</td><td>0</td><td>a</td><td>0</td></tr><tr><td>6.2</td><td></td><td>Infectious substances of Category A</td><td>a</td><td>a</td><td>0</td></tr><tr><td>7</td><td></td><td>Radioactive material</td><td colspan="3">3000 A1 (special form) or 3000 A2, as applicable in Type B or Type C packages</td></tr><tr><td>8</td><td></td><td>Corrosive substances of packing group 1</td><td>3000</td><td>a</td><td>b</td></tr></table>	Class	Division	Substance or article	Quantity			Tank (l)	Bulk (kg)	Packages(kg)	1	1.1	Explosives	a	a	0	1.2	Explosives	a	a	0	1.3	Compatibility group C explosives	a	a	0	1.5	Explosives	0	a	0	2		Flammable gases (classification code F)	3000	a	b	Toxic gases (classification codes including letters T, TF, TC, TO, TFC or TOC) excluding aerosols	0	a	0	3		Flammable liquids of packing groups 1 and 2	3000	a	b	Desensitised explosives	a	a	0	4.1		Desensitised explosives	a	a	0	4.2		Packing group 1 substances	3000	a	b	4.3		Packing group 1 substances	3000	a	b	5.1		Oxidizing liquids of packing group 1	3000	a	b	Perchlorates, ammonium nitrate and ammonium nitrate fertilizers	3000	3000	b	6.1		Toxic substances of packing group 1	0	a	0	6.2		Infectious substances of Category A	a	a	0	7		Radioactive material	3000 A1 (special form) or 3000 A2, as applicable in Type B or Type C packages			8		Corrosive substances of packing group 1	3000	a	b
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	If the load is of mixed categories then refer to the regulations as different load thresholds apply, calculated by means of a 'mixed load multiplier'.	KEY a Not relevant. b The provisions of ADR 1.10.3 do not apply.																																																																																																					