

RISK PROFILE QUESTIONNAIRE

This questionnaire is to be completed by all Policyholders with the help of their Insurance Advisor to provide an insight into the operation and approach to risk management. A full up-to-date vehicle schedule including all mobile plant and trailers to be insured should be provided with the completed form.

Insured

Full Name (incl. Trading names etc) _____

Address _____

Full Nature of Business or Trade (please give full details) _____

Please list all current Operators Licence that are held _____

Please provide details of any Operator Licence offences you have incurred _____

Vehicles and Trailers (incl. Security)

Are all vehicles/trailers registered in the name of the insured? YES NO

Are all vehicles/trailers garaged or compounded overnight? YES NO

If 'NO' to any of these questions please give details _____

Do you haul Third Party undisclosed trailers? YES NO

If 'YES' to this question please give details _____

Do you leave trailers at a Third Party site? YES NO

Detail maximum number of vehicles/trailers kept at your premises _____

Detail maximum total value of vehicles/trailers kept at your premises _____

What security measures are in place at your premises to prevent vehicle/trailer theft _____

What additional security measures are in place to prevent vehicle/trailer theft away from the premises _____

Use / Cargoes Carried

What type of products and loads are carried? _____

How long have you been a Hazardous/Dangerous Goods distributor? _____ Years

Do you carry goods under 'The Carriage of Dangerous Goods by Road Regulations 1996' YES NO

If 'YES' give % of Company Turnover _____ %.

Into which Transport Category do the goods fall?

- Category 0 YES NO If 'YES', please give full details _____
- Category 1 YES NO If 'YES', please give full details _____
- Category 2 YES NO If 'YES', please give full details _____
- Category 3 YES NO If 'YES', please give full details _____
- Category 4 YES NO If 'YES', please give full details _____

Are the goods carried as Full loads or Part loads YES NO

If 'Part loads' please give details _____

Are your vehicles used for the carriage of;

Explosives (1), Radioactive (7) YES NO

Do you make deliveries to any airport i.e. airside YES NO

Area of Operation

Does your business require you to drive over 200 miles from depot/base YES NO

Are your vehicles used outside the UK and/or ROI YES NO

If 'YES' give details of estimated no. of days abroad in next 12 months Days

Do your vehicles travel to countries outside of Western Europe YES NO

If 'YES' please specify countries _____

How long have you operated vehicles outside the UK and/or ROI Years

What is the average approximate annual mileage per Large Goods Vehicle:

0-50,000 50,000-100,000 Over 100,000 miles

Type of Operation

On average, are any vehicles used in excess of 12 hours per day? YES NO

If 'YES' please give details _____

Are any vehicles used between 10pm and 6am? YES NO

If 'YES' please give details _____

Are any vehicles used on multi-drop deliveries? YES NO

If 'YES' please specify amount and type of use _____

Are any vehicles used on time critical deliveries? YES NO

If 'YES' please specify amount and type of use _____

Driver Details

Do you operate a process of checking driver's licences? YES NO

Do you keep records of:

Driving licences YES NO

Motor Convictions YES NO

Medical History..... YES NO

How often are records updated? _____

Are any of your drivers under the age of 30?..... YES NO

If 'YES' please provide details _____

How are your drivers paid?

Hourly/Salary YES NO

Mileage YES NO

Commission/per delivery..... YES NO

Do you review Driver's Tachograph Analysis? YES NO

Do you use Agency or Self Employed Drivers? YES NO

If 'YES' what % of total drivers %

What % of your drivers have a current ADR licence?..... %

Risk Management & Procedures

Is there a policy on Driver Training?..... YES NO

If 'YES':

Is training completed 'in house'? _____

Is a recognised driver training organisation used? _____

Do you have one person responsible for training? YES NO

Are motor accidents monitored? YES NO

Are there any measures to reduce the risk of accidents? E.g. driver incentive/penalty schemes _____

How frequently is vehicle maintenance carried out and by whom? _____

Do you have the following procedures:

A manual for all Tanker drivers in the event of spillage?..... YES NO

Do your drivers or another employee inspect customer's location for suitability and safety before loading or unloading?..... YES NO

Do you have a written procedure that is used at all times for the loading and unloading of Tanker Trailers? YES NO

Are pre-trip inspections carried out on Large Goods Vehicles?..... YES NO

Do you expect your drivers to confirm in writing from a customer that they have collected the correct load/trailer? YES NO

Do you expect your drivers to 'dip' or test tank capacity before unloading? YES NO

Do you have one person responsible for ensuring that the procedures are followed?..... YES NO

If 'NO' to any of these questions please give details _____

Date: _____ Signature: _____

Please use this space for any further information: