



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.).	