



# Motor Fleet Factfinder

Important: The information you give on this form is relevant to our assessment of the insurance risk (i) at new business quotation stage or (ii) on renewal.

Failure to provide complete and accurate answers may entitle us to vary or avoid any insurance cover subsequently issued. The aim of all fleet operators has to be to maximise safety, security and efficiency of staff, customers, loads carried and other road users. The more effectively risk management measures are applied the greater the chances of minimising future claims numbers and costs, (which is the determining factor in controlling insurance expenditure), plus those additional costs born by yourself when your vehicle is temporarily removed from use.

Upon receipt of this form we may suggest some areas you should give attention to further enhance your risk management program. To assist fleet operators we have developed the Roadsense product, supported by the Website [www.norwich-union.co.uk/roadsense](http://www.norwich-union.co.uk/roadsense), It contains practical advice, (e.g. Fleet Managers Guide), sample documentation and contacts for further information.

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company Website: \_\_\_\_\_

1 Please indicate the total number of vehicles within your fleet and the typical annual mileage

- a) Private Cars – essential business use \_\_\_\_\_
- b) Private Cars – others \_\_\_\_\_
- c) Goods Carrying Vehicles to 3.5t GPW \_\_\_\_\_
- d) Goods Carrying Vehicles over 3.5t GPW \_\_\_\_\_
- e) All other vehicles (i.e. Minibuses) \_\_\_\_\_

2 Are any vehicles valued over £100,000? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details (registration number & value)

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\_\_\_\_\_

**3** Do you undertake any time-critical or multi drop operations? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details

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**4** Do you intend, or have you planned to introduce any changes in the immediate future?  
(ie. changes to the type or use of your vehicles, implement risk management measures etc)

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details

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**5** Approximately what percentage of regular company vehicle drivers are

- a) 24 or under \_\_\_\_\_%
- b) 25 to 29 \_\_\_\_\_%
- c) 30 or over \_\_\_\_\_%

**6** Do you use agency, temporary or casual drivers? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details (Agencies used & the number of driver days per year)

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**7** For all new employees who will drive on business, do you:

- a) have a completed application form? (If so please provide a copy) YES \_\_\_\_\_ NO \_\_\_\_\_
- b) take a copy of their driving licence? YES \_\_\_\_\_ NO \_\_\_\_\_
- c) obtain details of any previous motoring accidents or convictions? YES \_\_\_\_\_ NO \_\_\_\_\_
- d) assess their driving ability? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please indicate by whom this is conducted \_\_\_\_\_

**8** Do you

- a) allow non-employees to drive your company vehicles? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) take a copy of their driving licences? YES \_\_\_\_\_ NO \_\_\_\_\_
- c) obtain details of any previous motoring accidents or convictions? YES \_\_\_\_\_ NO \_\_\_\_\_

**9** Do you restrict who may drive high performance or high value cars? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please indicate what restrictions apply, (e.g. exclude drivers under 25?)

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**10** 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). Please supply Driver Conviction Code, Date, Sentence, Blood Alcohol Level if applicable

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**11** How often do you check driving licences? \_\_\_\_\_

**12** Do you issue drivers with a company driver handbook? (if so please provide a copy)  
YES \_\_\_\_\_ NO \_\_\_\_\_

**13** Do you supply your drivers with: -

a) details of what to do in an accident?  
(If so, please provide a copy) YES \_\_\_\_\_ NO \_\_\_\_\_

b) an accident report form to complete?  
(If so, please provide a copy) YES \_\_\_\_\_ NO \_\_\_\_\_

**14** Does a local manager interview the driver following an incident? YES \_\_\_\_\_ NO \_\_\_\_\_

**15** Do you record and analyse incidents? YES \_\_\_\_\_ NO \_\_\_\_\_

**16** Do you operate a penalty/incentive scheme to encourage accident free driving?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details \_\_\_\_\_

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**17** Are you currently involved in a driver training programme? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which driver training organisation do you use? \_\_\_\_\_

Please give brief details of the programme

How many drivers have undertaken training during the last:

a) 12 months \_\_\_\_\_ b) 24 months \_\_\_\_\_

**18** Do you employ non-UK drivers? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details (Nationality of the drivers & the percentage of drivers from each country)

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**19** Are any hazardous goods carried? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give complete the following;

	Nature of Goods	% of annual turnover
Transport Category 0		
Transport Category 1		
Transport Category 2		
Transport Category 3		
Transport Category 4		

**20** Are hazardous goods carried as bulk loads? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details \_\_\_\_\_

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**21** Do your vehicles visit any hazardous sites, (e.g. chemical works, power stations, airports etc) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give details (e.g. sites visited, frequency & do the vehicles have access to restricted areas?) \_\_\_\_\_

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**22** a) Do your vehicles operate overseas? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, can you estimate the number of vehicle days per annum;

Within EU \_\_\_\_\_ Outside EU \_\_\_\_\_

b) If vehicles operate outside the EU please give details of the Countries visited:

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**23** Do you use the services of an independent Accident Management Company?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give the name of the company and the date the service commenced:

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**24** Do you fit security devices, (other than manufacturers standard system)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide full details (Systems installed, date of installation, registration numbers of vehicles to which systems have been fitted):

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**25** Please indicate the number of vehicles fitted with tachographs \_\_\_\_\_

Please specify how many are: Analogue \_\_\_\_\_ Digital \_\_\_\_\_

**26** If analogue tachographs are fitted, please advise;

- a) How often do you check the charts?
- b) Are they analysed in house or by a bureau?
- c) If a bureau, please give the name of the company \_\_\_\_\_

**27** If digital tachographs are fitted, please advise;

- a) The manufacturer of your digital tachograph boxes?
- b) How often do you download the data from the vehicles?
- c) Is the data analysed in house or by a bureau?
- d) If a bureau, please give the name of the company \_\_\_\_\_

**28** Norwich Union can assist you with your risk management programme by:

- (i) providing claims information and accident reports which you can use to analyse your Fleet accident record
- (ii) offering practical advice and access to risk management solutions to meet your specific needs

Would you be interested in further details? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

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