



GENERAL INSURANCE AGENCY, INC.

Lic# 0606980

Courier Program Checklist

Owned Auto

- Completed Apollo Courier Questionnaire
- Completed Acord Applications
- Five Year Currently Valued Loss Runs
- Drivers List including: Name, DOB, Lic. Number & State
- MVR's – with print date of 60 days
- Vehicle Schedule to include: Year, Make, Model, Complete VIN, Radius, Class Code, Garaging Location & Cost New
- Complete Description of all entities

Due Within 15 days of Binding:

- Acceptable Financial Statement – Balance Sheet & Income Statement
- Copy of the contents page of their safety manual

Non-Owned Auto

- Completed Apollo Courier Questionnaire
- Completed Acord Applications
- Five Year Currently Valued Loss Runs
- Drivers List including: Name, DOB, Lic. Number & State
- MVR's – with print date of 60 days
- Annual Settlement Pay
- Complete Description of all entities
- Copy of their standard IC Agreement

Due Within 15 days of Binding:

- Acceptable Financial Statement – Balance Sheet & Income Statement
- Personal Lines Dec. Pages showing Underlying Limits

BOP

- Completed Acord 125 and GL Acord 126
- Completed Acord 140 to include Date Business Started, Year Bldg(s) built, Update to the building if older than 30 years, Any burglar alarm; if so, central or local, any Fire Alarms; if so, central or local, Other building occupancies, Adjacent exposures & Roof type
- Five Year Currently Valued Loss Runs

Cargo

- Completed Acord 125 and Acord 143
- MVR's – with print date of 60 days
- Five Year Currently Valued Loss Runs

Crime

- Completed Acord 125 and Acord 141
- Five Year Currently Valued Loss Runs



COURIER PROGRAM QUESTIONNAIRE

Applicant Name: _____ Eff. Date: _____

Address: _____

Please list all DBA Names: _____

Website: _____ Years in Business: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Are you a member of a National Association? YES NO if, yes please list: _____

Complete Description of operations: _____

Gross income last year: \$ _____ Expected gross income this year: \$ _____

Driving radius (percentage): Under 50 miles _____ % 51-100 miles _____ % 101-200 miles _____ % 200+ _____ %

Largest cities entered: _____

Major Clients: _____

Type of commodities delivered: _____

List any Hazardous commodities delivered: _____

How often delivered? _____

Do you provide any medical delivery services? YES NO

If Yes:

Are any deliveries on a "stat" basis (one hour time frame)? YES NO

Do you deliver highly infectious specimens? YES NO

Are drivers trained and equipped to OSHA & HIPAA standards? YES NO

Filing Requirements: N/A MCS-90 Form E DMV Other: _____

Are there appearance and dress code requirements for Drivers? (i.e. uniforms): YES NO

If Yes:

Please describe: _____

Hours of operations: _____ Number of Shifts and Shift Hours: _____

Do you participate in a Department of Motor Vehicle MVR "Pull Program"? YES NO

Frequency of Driver MVR review and Department doing the review _____ Title: _____

Are vehicles leased to or from others? YES NO

Is this true for all locations? YES NO

Are employees or passengers transported in company vehicles? YES NO

Do you do contract handling for others? YES NO

If Yes,

Provide details: _____

Have you been inspected by Department of Transportation? YES NO

If Yes,

Date of last inspection: _____ Please provide us with a Copy

Owned Auto

Are family members permitted to drive insured vehicles? YES NO

Are any scheduled vehicles registered to individuals and not used in the business? YES NO

If Yes,

Which vehicle(s) and who are they titled to and used by? _____

Are any vehicles owned or leased by your company NOT on this schedule? YES NO

Do you provide a safe garaging area for Owned Vehicles? YES NO

Is lot fenced and lit? YES NO

Are any vehicles kept at driver's homes? YES NO

Is Personal Use of Company Owned Vehicles Permitted? YES NO

If Yes, please indicate which applies:

There is a written policy on personal use restricting use to the assigned driver

There is a verbal policy on personal use restricting use to the assigned driver

There is no policy in place restricting the use of company vehicles

Non-Owned Auto

Information Regarding Independent Contractors

Do you Utilize Independent Contractors for your deliveries? YES NO

If Yes:

of Independent Contractors: _____ What is the Settlement Pay for these Drivers?: _____

Type of Vehicles

Number of: ___ PPV ___ Light Trucks/Vans ___ Med Trucks/Vans ___ Heavy Trucks/Vans ___ X Heavy Units

Do you keep copies of their Personal Auto Policy Dec. Pages on file? YES NO

Underlying Automobile Limits for these Drivers:

State Min. \$50k/\$100k/\$25k \$100k/\$300k/\$50k \$100k CSL \$300 CSL Other _____

Do you obtain Additional Insured/Indemnification Clause Certs from the Driver policies? YES NO

Information Regarding Employees Who Drive Their Own Vehicles

Do you Utilize Employees who drive their own vehicles for your deliveries? YES NO

If Yes:

of Employee Drivers: _____ What is the Payroll amount for these Drivers?: _____

Type of Vehicles

Number of: ___ PPV ___ Light Trucks/Vans ___ Med Trucks/Vans ___ Heavy Trucks/Vans ___ X Heavy Units

Do you keep copies of their Personal Auto Dec. Pages on file? YES NO

Underlying Limits for these Drivers:

State Min. \$50k/\$100k/\$25k \$100k/\$300k/\$50k \$100k CSL \$300 CSL Other _____

Do you obtain Additional Insured/Indemnification Clause Certs from the Driver policies? YES NO

Utilization of Technology

Are all or some vehicles equipped with any of the following devices or systems?

Collision Avoidance Systems YES NO

- “Smart” Cruise Control Systems YES NO
- Rollover detection and monitoring systems YES NO
- Lane Tracking Devices YES NO
- Vehicle and/or cargo tracking system i.e. GPS YES NO
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Driver Related Questions

- Do drivers operate the same vehicle each day? YES NO
- Are there periodic physical exams for drivers? YES NO
- If Yes,**
What is the frequency of exams? _____
- Are any drivers under 21? YES NO
- Are any drivers over 65? YES NO
- Annual percentage of driver turnover ? _____ %
- How are drivers paid? Hourly Salary Commission
- Do you lease drivers from a **Professional Employee Organization**? YES NO
- If Yes, please provide a copy of the lease contract.**
- Do drivers load or unload vehicles? YES NO
- Do drivers use cellular phones or radios while making deliveries? YES NO
- Do you have a policy on use of radios and/or cellular phones? YES NO
- If Yes, please attach a copy**
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Driver Selection Process:

- Do driver job specifications include an age range and driving experience level? YES NO
- Must applicants complete a written application? YES NO
- Is U.S. Citizenship or proof of Legal Residency a part of the application? YES NO
- If No,**
How do you determine status? _____
- Do you require at least three years driving experience in U.S.? YES NO
- Is the Motor Vehicle Driving Record checked prior to hiring and annually thereafter? YES NO
- If Yes,**
What are the requirements? _____
- Are applicants interviewed by Management? YES NO
- Must applicants complete a road test? YES NO
- Must applicants complete a written test? YES NO
- Do you have a drug test policy or program? YES NO
- If Yes,**
Is random testing done after hiring? YES NO
- Are drivers tested immediately after an accident? YES NO
- Do you perform a background checks prior to hiring? YES NO
- Are references checked? YES NO
- Are all selection processes completed before a new employee can drive? YES NO
- Is there a driver orientation program? YES NO
- If Yes,**
How is participation documented? _____
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Safety and Compliance

Do you have a formal Safety Program? YES NO

If Yes,

Please briefly describe: _____

Do you have a vehicle Maintenance Program: YES NO

Do you have a full-time Safety Manager/Coordinator? YES NO

How often are safety meeting held? _____

Is there safety incentive program in place? YES NO

Is there a Preventative Maintenance Program in place? YES NO

If Yes,

How is it documented? _____

Do Drivers Perform daily maintenance checks on all vehicles? YES NO

Are maintenance files kept for all vehicles? YES NO

Are there regular vehicle inspections? YES NO

If Yes,

How do you document? _____

Do you have a full-time Risk Manager? YES NO

Is driver training provided? YES NO

If Yes,

How is program documented? _____

What is the frequency of training? _____

Do you maintain an Accident Register? YES NO

Is there a formal Accident Review Committee? YES NO

Are accident records and files maintained? YES NO

Do you hold Driver Safety Meetings? YES NO

If Yes,

How are meetings documented? _____

What is the frequency of meetings? _____

GL/Property Related Questions

Are all buildings designed for the current occupancy? YES NO

Do all buildings have tagged and operational fire extinguishers? YES NO

Do buildings with barred windows have safety releases? YES NO

Do all buildings have two or more exits on each floor? YES NO

Any Buildings with Elevators? YES NO

Any locations with gas pumps or underground tanks? YES NO

Any used items sold? YES NO

Any Business Open after 11:00 p.m.? YES NO

Any Buildings vacant more than 60 days? YES NO

Signature of Applicant: _____

Title: _____

Date: _____