

FLEET FACTFINDER

POLICYHOLDER: _____

POLICY NO: _____ **RENEWAL DATE:** _____

GENERAL

Please state the number of years you have been established _____ Years

What is your company web-site address? _____

Please define the general nature of your business and the purpose for which your vehicles are used _____

Do your vehicles go abroad? _____

If so, please give average annual usage (time or mileage) _____

Are you members of any professional body (CTA, CPT, etc)? **Yes** **No**

If 'Yes', please give details _____

PERMITS HELD: SECTION 19 SECTION 22 'O' LICENCE OTHER

Do you have a PSV Operators Licence? **Yes** **No**

(If 'yes' please indicate type (Standard or Restricted) and number of 'O' licences held and number of vehicles on each licence _____

Please advise details of any 'O' licence offence(s) you have incurred _____

VEHICLES

Please indicate total number of vehicles in your fleet **No.** **Annual Mileage**

Minibuses _____

MPVs _____

Private Cars _____

Commercial Vehicles _____

Other Vehicles (please specify) _____

Has the make-up of your fleet altered significantly in the last two years? **Yes** **No**

If 'yes' please provide details _____

Do you intend or have you planned to introduce any changes to operations in the foreseeable future? ___(eg bus routes, school contracts, scheduled services, implement risk management measures, etc) _____

Are all vehicles owned by you and are you the registered keeper? **Yes** **No**

If 'no' please give full details of ownership of all vehicles _____

SECURITY

Do any of your vehicles have the windows security-etched? **Yes** **No**

Other than manufacturers standard system, do you fit enhanced security? **Yes** **No**

If so, please give details _____

What security arrangements are in place for your vehicles when at your own premises and not in use? (E.g. locked compound, floodlights, CCTV, security patrols, etc) _____

If vehicle(s) kept elsewhere, please state postcode(s) and security arrangements _____

What arrangements are in place for security of vehicle keys:

(a) at base _____

(b) for collection and return by drivers? _____

Are all your vehicles fitted with seatbelts? **Yes** **No**

Are they a) 3-point? **Yes** **No** b) lap belts? **Yes** **No**

c) fitted to all seats? **Yes** **No** d) fitted retrospectively **Yes** **No**

If 'yes' to d) – fitted professionally? **Yes** **No**

Have the vehicle(s) passed a subsequent MOT test? **Yes** **No**

How do your drivers ensure that seatbelts are worn? _____

Please give details of arrangements in place for the safe stowage and carriage of any passenger luggage, parcels, shopping, etc _____

Are oxygen cylinders carried? _____(Are warning stickers displayed?) _____

If 'yes', how are cylinders etc secured? _____

Do your drivers ensure that the exits of your minibuses are clear of all obstructions? **Yes** **No**

Do all vehicles carry an Emergency Kit? _____

(First Aid box, warning triangle, torch, blanket, mobile phone, contact details, emergency and breakdown procedures, incident report form, camera, etc)

DRIVERS

Please state in total the number of drivers likely to drive your vehicles _____

How many (approx) of your regular drivers are aged

a) 21 - 24	_____
b) 25 - 29	_____
c) 30 - 64	_____
d) 65 and over	_____

(NB. Driver form required for all drivers of 70 years or over)

Please indicate the level of turnover of drivers in last 12 months _____

In respect of all drivers, do you:

- | | | |
|---|------------|-----------|
| a) take a copy of their original driving licence? | Yes | No |
| b) obtain and follow up references? | Yes | No |
| c) obtain and verify details of previous driving history? | Yes | No |
| d) assess their driving ability? | Yes | No |
| e) conduct a CRB check? | Yes | No |
| f) ascertain any medical conditions (affecting driving)? | Yes | No |

If **'yes'** who is responsible for these functions? _____

How often do you repeat these checks? _____

Do you issue drivers with a company handbook? (Please supply copy (other than MiDAS handbook)	Yes	No
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Do you supply to drivers:

- | | | |
|--|------------|-----------|
| a) written details of what to do in an accident? | Yes | No |
| b) your own incident report form to complete? | Yes | No |
| c) post-accident interview and review? | Yes | No |
| d) any disciplinary procedure? | Yes | No |

Do you record and analyse all incidents?	Yes	No
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Are you currently involved in any form of driver training?	Yes	No
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If **'yes'** which driver training organisation do you use? _____
Please give brief details of the programme _____

If MiDAS, do you have Driver Assessor/Trainers?	Yes	No
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If **'Yes'** how many? _____

If **'No'**, whose DATs do you use? _____

How many drivers have undertaken a training programme in last two years? _____

MAINTENANCE

Are your vehicles checked daily before use? **Yes** **No**

If YES, by whom? _____

Do you use a vehicle checklist for this purpose? **Yes** **No**

What is the procedure for (a) reporting vehicle defects? _____

(b) remedying vehicle defects? _____

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

Do you carry out any work on vehicles yourselves? _____

If Yes, please state type of work, and qualifications/experience of mechanics/fitters _____

At what interval or mileage do you look to replace your vehicles? _____

Are any of your vehicles converted for wheelchair access? **Yes** **No**

If 'yes' please provide details _____

CARRIAGE OF CHILDREN

Please state the approximate percentage of your work relating to the carriage of children _____%

Please confirm that:

1. Written instructions are in place for the protection of children and vulnerable adults, including advice to drivers and attendants about how to handle one to one situations (eg the last person to get off the bus)
2. All employees and volunteers complete an application form, their identification is verified and references are taken up and are acceptable.
3. CRB checks are made on all employees and volunteers and these are updated every three years.
4. No employees or volunteers have abuse convictions or have been investigated in connection with any allegations of abuse.
5. All employees and volunteers are given training on the protection of children and vulnerable adults and that the training is properly recorded.
6. A formal procedure is in place for dealing with and recording complaints about abuse.

(If the answer is not 'YES' to any of the above statements, please give details _____

ADDITIONAL INFORMATION

Please feel free to give us any further information or ideas you feel may be useful to Underwriters _____

SIGNATURE

DATE

NAME

POSITION

(Please accept our sincere thanks for your time and trouble in completing this form. It is much appreciated.)

Please return the completed form to:

2nd Floor, Devonshire House, Riverside Road, Pottington Business Park, Barnstaple, Devon
EX31 1EY, UK

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