

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.

Companies have a duty of care to ensure the safety of their employees and anyone else that may be affected by their activities. Aviva has a common aim with its fleet customers to reduce risk and subsequent claims numbers and costs. Our own research has shown that the lowest incident rates are achieved by companies with clear driving standards, including effective driver vetting and induction procedures.

Upon receipt of this form we may suggest some areas you should consider to ensure you have a systematic approach to managing occupational road risks.

For useful information on risk management visit www.aviva.co.uk/yourbusiness or call 0345 3 66 66 66*.

*Calls may be recorded and/or monitored

Company Name	
Company Website Address	
Policy Number	Renewal Date

1 General

(a) Please indicate the number of years you have been in operation.

(b) Please indicate the number and type of vehicles you operate and their licencing arrangements where applicable, (e.g. "Plated"/"Unplated" Private Hire, London Taxi, Hackney Carriage):

Vehicle Type	No.	Licence Type	Held Since	Issuing Authority	Typical Annual Mileage
London Taxis					
Saloon/Estate Cars					
People Carriers/MPVs					
Minibuses					
Funeral Cars/Hearses					
Limousines (non-US)					
Limousines (US)					
Others (please specify)					

(c) Are any vehicles valued over £100,000? YES NO

If YES please give details (registration number & value).

(d) Please advise the maximum number and value of vehicles that could be at one location (either garaged or in a car park or compound)

number

value

(e) Are all vehicles owned or leased to you/the company?

If NO please give details of the vehicles, their owners and their relationship to you/the company

(f) Do you hire in temporary additional vehicles? YES NO

If YES:

(i) Please advise the number of days of temporary hire for the last 12 months

(ii) Please estimate the number of days of temporary vehicles likely for the next 12 months

Please Note: failing to notify us of all temporary changes of vehicle could invalidate a claim

(g) Have you made any changes to the vehicle fleet or your operation over the last 12 months? (e.g. changes to the type of vehicles, extended replacement periods, reduction in vehicle numbers, risk management procedures etc) YES NO

If YES please give details.

(h) Do you intend, or have you planned to introduce any changes in the immediate future? (e.g. reduction in the number of vehicles, extended replacement periods, change to the type of vehicles, changes to your risk management measures etc) YES NO

If YES please give details.

(i) Approximately what percentage of your fleet vehicles are:

(i) Under 5 years old. %

(ii) Over 5 years old. %

(j) Are all vehicles owned by yourself? YES NO

If NO please give full details of ownership of all vehicles.

2 Driver Management

(a) Please indicate the level of turnover of driving staff during the past 12 months: %

(b) Approximately what percentage of your drivers are:

(i) 20 or under %

(ii) 21 to 24 %

(iii) 25 to 29. %

(iv) 30 to 60. %

(v) Over 60. %

(c) Do you use temporary, casual or part-time drivers? YES NO

If YES please give details including number of part time & full time drivers

(d) For all new employees who will drive on business, do you:

(i) Have a completed application form? If YES please provide a copy. YES NO

(ii) Ask for and follow up on references? YES NO

(iii) Take a copy of their driving licence? YES NO

(iv) Obtain details of previous motoring accidents or convictions? YES NO

(v) Assess their driving ability? YES NO

If YES please indicate who carries this out

(e) How often do you check driving licences?

(f) Do you issue drivers with a company driver handbook? If YES please provide a copy. YES NO

(g) Do you allow non-employees to drive your vehicles? YES NO
 If YES do you:

(i) Take copies of their driving licences? YES NO
 (ii) Obtain details of previous motoring accidents or convictions? YES NO
 (iii) Are any non employees aged under 25? YES NO
 If YES please provide their names, ages, the vehicles they drive and their relationship to you/the company

(h) 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)?

(i) Please provide details of

(i) any motoring convictions on the part of any drivers not already reported to us

(ii) any convictions or charges (but not yet tried) in respect of any criminal offence (excluding motoring offences) other than where spent under the Rehabilitation of Offenders Act as amended by the Legal Aid, Sentencing and Punishment of Offender Act 2012 on the part of You or Your Directors or Partners involved with the business or any person who to your knowledge will drive under this insurance

(j) Do you supply drivers with

(i) details of what to do in an accident? If YES please provide a copy YES NO
 (ii) an accident report form to complete? If YES please provide an example YES NO

(k) Do you or a local manager interview the driver following an incident? YES NO

(l) Do you record and analyse accidents? YES NO

(m) Do you operate a penalty/incentive scheme to encourage accident-free driving? YES NO
 How long has this been in operation?
 Please provide details.

(n) Do you employ non-UK drivers? YES NO
 If YES please give details (Nationality of the drivers & the percentage of drivers from each Country).

3 Vehicles

(a) How is your vehicle maintenance carried out? (please give details)

How frequently?
 By whom?

What is the procedure for reporting vehicle defects?

(b) Do you fit security devices (other than manufacturers standard system)?

(i) Thatcham-approved alarms/immobilisers. No. of vehicles fitted:

(ii) Non Thatcham-approved alarms/immobilisers. No. of vehicles fitted:

(iii) Remote tracking devices. No. of vehicles fitted:

(iv) Telematics systems. No. of vehicles fitted:

Please indicate which systems you install.

Please advise the date the systems were installed.

(c) When not in use, are all your vehicles kept in a locked garage, or in a compound surrounded by a secure perimeter wall or fence?

YES

NO

If NO please give details.

4 Operations

(a) State postcode of town or locality where vehicles are licensed to operate.

(b) Do your vehicles operate overseas?

YES

NO

Can you estimate the number of vehicle days per annum:

Within EU

Outside EU

(c) Do you operate any dedicated airport/airline or hotel car service?

YES

NO

If YES please provide full details including nature of operations, airport, airline, hotel etc.

(d) Do you have any contracts or features of your operation which entail the regular carriage of US or Canadian citizens?

YES

NO

If YES please provide full details.

(e) Do you have contracts which involve the regular carriage of 'VIPs' (diplomats, business executives, members of the entertainment industry, professional sportspersons, models etc)?

YES

NO

If YES

(i) please give details.

(ii) can you estimate the percentage of your turnover involved in this work.

 %

(f) Are any of your vehicles used for carriage of goods for hire and reward (e.g. parcel delivery or courier work)?

YES

NO

If YES please give details including vehicle type and nature of operations.

(g) Are any of your vehicles used solely for:

(i) Wedding hire.

YES

NO

If YES please give details.

(ii) Conveyance of passengers to/from hospital.

YES

NO

If YES please give details.

5 Driver Training

(a) 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:

12 months.

24 months.

6 Additional Information

- (a) 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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- (b) Aviva can assist you with your risk management programme by providing claims information and accident reports which you can use to analyse your Fleet accident record and offering practical advice and access to risk management solutions to meet your specific needs.
- Would you be interested in further details? YES NO

Declaration

I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. If the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

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