

AVIVA

2 Vehicles

(a)	How is your minibus maintenance carried out?		
	In- house	YES	NO
	Contracted out	YES	NO
(b)	How frequently are the minibuses serviced?		
(C)	Do your drivers carry out pre journey vehicle checks?	YES	NO
(d)	What is your procedure for reporting and rectifying minibus defects?		
(e)	Please indicate the minibuses of vehicles fitted with:		
	(i) 3-point seatbelts		
	(ii) Lap belts		
	(iii) No seat belts		
(f)	Have any seatbelts been fitted retrospectively?	YES	NO
	If YES please indicate the number		
(g)	How does the driver ensure passengers wear seatbelts at all times? please give details		
(h)	Are any of your minibuses converted for wheelchair access?	YES	NO
	If YES please give details of the vehicles and modifications carried out.]
(i)	Are all your minibuses equipped with fire extinguishers and first aid boxes?	YES	NO
(j)	What arrangements are there for the carriage of passengers luggage in the vehicles, (e.g. carried internally, on roof rack etc).		
3	Drivers		
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(a)	Please state the total number of drivers likely to drive your vehicles		
(b)	For all new drivers do you take copies of their driving licence?	YES	NO
(c)	Do you carry out assessments of the driver's ability to drive minibuses?	YES	NO
	If YES please give details		
(d)	Do you carry out specific minibus driver training?	YES	NO
	If YES please give details, (who carries out the training & brief details of the programme).		
(e)	Do you give instructions to the drivers on the maximum number of hours to be spent driving, time spent on other activities and rest breaks?	YES	NO
	If YES please give details.		

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.

Position	Date	dd/mm/yy

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