

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 who 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](http://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 the business has been in operation.	<input type="text"/>
(b) Please indicate the type of PSV Operators licence held (e.g. National only or National and International)	<input type="text"/>
(c) Please provide details of any PSV operator licence offences you have incurred (e.g. maintenance, vehicle tachograph etc).	<input type="text"/>
(d) Are you a member of a Trade Association?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES please give details.	<input type="text"/>
(e) Have you been awarded the Coach Marque Quality Standard?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### 2 Vehicles

(a) Please indicate the vehicles you operate.	Number	Average Annual Mileage
(i) Coaches/Buses – Local Multi-Stop Stage Carriage.	<input type="text"/>	<input type="text"/>
(ii) Coaches/Buses – Inter-City or Express Carriage. (including National Express or Scottish Citylink work)	<input type="text"/>	<input type="text"/>
(iii) Coaches/Buses – Private Hire.	<input type="text"/>	<input type="text"/>
(iv) Coaches/Buses – School Contract.	<input type="text"/>	<input type="text"/>
(v) Minibuses.	<input type="text"/>	<input type="text"/>
(vi) Private Hire cars/MPVs.	<input type="text"/>	<input type="text"/>
(vii) Public Hire cars/MPVs.	<input type="text"/>	<input type="text"/>
(viii) All other vehicles.	<input type="text"/>	<input type="text"/>

A full schedule of vehicles must be submitted including registration number, year of make, passenger carrying capacity a) seated & b) standing, and value.

(b) (i) Have you made any changes to the fleet or your operation over the last 12 months? (e.g. changes to the type or use of vehicles, extended replacement periods, reduction in the number of vehicles, risk management procedures etc).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please give details:

(ii) Do you intend, or have you planned to introduce any changes in the immediate future? (e.g. changes to the type or use of vehicles, extended replacement periods, reduction in the number of vehicles, risk management procedures etc).

YES

NO

If YES please give details:

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

YES

NO

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

(d) Do you hire in temporary 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.**

(e) (i) How is vehicle maintenance carried out? (e.g. in house or contracted out)

(ii) how frequently?

(iii) By whom?

(f) If you operate your own body repair shop do you have a self-authorisation limit with your current insurer?

YES

NO

If YES please state the self-authorisation limit.

£

(g) What is the maximum number of vehicles kept at any one location?

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

(i) What security arrangements are in place for your vehicles when on your own premises and not in use? (e.g. CCTV, floodlights, security patrols etc).

(j) Do you fit security devices, (other than manufacturer's standard system)?

YES

NO

If YES please indicate which systems.

Please advise the date the systems were installed.

### 3 Drivers

(a) (i) Please advise the number of drivers:

Employed full time.

Employed part time.

(ii) Please advise the estimated number of driver days per annum for casual/agency drivers.

(b) What percentage of drivers are:

20 or under.

 %

21 to 24.

 %

25 to 29.

 %

30 to 60.

 %

Over 60.

 %

- (c) What percentage of your coach/bus and minibus drivers have held a PCV licence for less than 12 months?  %
- (d) Please indicate the level of turnover of driving staff during the past 12 months.  %
- (e) Do you employ non-UK drivers? YES  NO
- If YES please give details (nationality and number).
- (f) Please provide details of any serious motoring convictions incurred by any drivers in the past three years (serious means any conviction(s) resulting in a disqualification, any conviction relating to Drink, Drugs, Dangerous Driving or Careless Driving causing death).

Full Name of Driver	Conviction Code	Date	Sentence (fine/penalty/disqualification)	Blood/breath alcohol level (if applicable)

- (g) Please provide details of 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.

#### 4 Driver Management

- (a) 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) Take a copy of their driving licence? YES  NO
- (iii) Obtain details of any previous motoring accidents or convictions? YES  NO
- (iv) Always follow up references? YES  NO
- (v) Assess their driving ability? YES  NO
- If YES please indicate who conducts this.
- (vi) Provide induction training? YES  NO
- If YES please give details.
- (b) How often do you check driving licences?
- (c) Do you issue drivers with a company driver handbook? If YES please provide a copy. YES  NO
- (d) Do you record and analyse incidents? YES  NO
- (e) Do you give drivers instructions in the event of an accident? YES  NO
- If YES please give details.
- (f) Does a manager interview the driver following an accident? YES  NO
- (g) Do you operate a penalty/incentive scheme to encourage accident-free driving? YES  NO
- If YES please give details and how long this has been in operation.

#### 5 Driver Training

- (a) Do you have an in house driver assessor/trainer? YES  NO
- If YES please give:
- (i) Name & qualifications.
- (ii) details of any ongoing assessments or training carried out.

(b) Are you currently involved in an external driver training programme? YES  NO

If YES:

(i) Which driver training organisation do you use?

(ii) Please give brief details of the programme.

(iii) How many drivers have undertaken external driver training during the last:

12 months.

24 months.

## 6 Operations

(a) Do you have a full time fleet transport manager? YES  NO

If YES please give name and qualifications.

If NO do you use an agency transport manager? YES  NO

If YES please give details.

(b) Please indicate the number of vehicles fitted with tachographs.

Analogue.

Digital.

(c) If analogue tachographs are fitted please advise:

(i) How often do you check the charts?

(ii) Are they analysed in house or by a bureau?

(iii) If a bureau, please give the name of the company.

(d) If digital tachographs are fitted, please advise:

(i) The manufacturer of your digital tachograph boxes?

(ii) How often do you download the data from the vehicles?

(iii) Is the data analysed in house or by a bureau?

(iv) If by a bureau, please give the name of a company.

(e) What is your company's policy regarding:

(i) The fitting of seat belts in coaches/buses and minibuses?

(ii) Making passengers aware of the potential dangers of DVT?

(f) How often do your vehicles operate overseas? Please estimate the number of vehicle days for each of the past three years and also for the coming year.

	Three years ago	Two years ago	Current year	Coming year projection
Within EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outside EU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If vehicles operate outside the EU please give details of the Countries visited.

(g) How many of your drivers have at least two years experience of driving coaches/buses and minibuses overseas?

(h) Do you have contracts which involve the carriage of US or Canadian citizens? YES  NO

If YES please give details and estimate the percentage of your work involved.

(i) Do you have contracts which involve the carriage of "VIPs" (diplomats, business execs, members of the entertainment industry, professional sportspersons, models etc)? YES  NO

If YES please give details and estimate the percentage of your work involved.

(j) Do your vehicles visit any hazardous sites?, (i.e. power stations, nuclear installations, refineries, or bulk storage or production premises in the oil, gas or chemical industries, Ministry of Defence Premises, Military Bases, any airport, rail trackside or other rail property) YES  NO

If YES please give:

(i) The names of the sites visited.

(ii) Areas within the site you operate (e.g. plane side, unrestricted site access?).

(iii) The frequency of visits.

## 7 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.

(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.

Signature

Name

Position

Date

dd/mm/yy

Aviva Insurance Limited.  
Registered in Scotland, No. 2116.  
Registered Office: Pitheavlis, Perth PH2 0NH.  
Authorised by the Prudential Regulation Authority and regulated by the  
Financial Conduct Authority and the Prudential Regulation Authority