

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) Do you hold a Taxi Proprietors Licence? If YES please indicate for how long.	YES <input type="checkbox"/> NO <input type="checkbox"/> <input style="width: 100%; height: 20px;" type="text"/>
(b) Please indicate the number of London Taxis you operate.	<input style="width: 100%; height: 20px;" type="text"/>
(c) Please give the typical average mileage per vehicle.	<input style="width: 100%; height: 20px;" type="text"/>
(d) Are all vehicles owned by yourself? If NO please give full details of ownership of all vehicles.	YES <input type="checkbox"/> NO <input type="checkbox"/> <input style="width: 100%; height: 40px;" type="text"/>
(e) Are your vehicles hired or rented to drivers? If YES please advise:	YES <input type="checkbox"/> NO <input type="checkbox"/>
(i) The number of vehicles hired or rented.	<input style="width: 100%; height: 20px;" type="text"/>
(ii) The normal period of rental (weekly, monthly or annually).	<input style="width: 100%; height: 20px;" type="text"/>

2 Drivers

(a) Please indicate the number of current drivers of your vehicles.	<input style="width: 100%; height: 20px;" type="text"/>
(b) Please indicate the level of turnover of your drivers during the last 12 months.	<input style="width: 100%; height: 20px;" type="text"/>
(c) Approximately what percentage of your drivers are:	
21 to 24	<input style="width: 80%; height: 20px;" type="text"/> %
25 to 29	<input style="width: 80%; height: 20px;" type="text"/> %
30 to 60	<input style="width: 80%; height: 20px;" type="text"/> %
Over 60	<input style="width: 80%; height: 20px;" type="text"/> %

(d) For all drivers, do you:

- | | | |
|---|------------------------------|-----------------------------|
| (i) Have a completed application form or hirer form? If YES please provide a copy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (ii) Take a copy of their driving licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (iii) Take a copy of their Cab licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (iv) Date/company stamp the driver's cab licence? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (v) Obtain details of previous motoring accidents or convictions? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (vi) Assess their driving ability? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If **YES** who carries this out?

(e) How often do you check driving licences?

(f) (i) Please provide details of any motoring convictions on the part of your drivers not advised to us.

(ii) Please provide details of 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 your drivers not advised to us.

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

(h) Do you supply drivers with:

- | | | |
|--|------------------------------|-----------------------------|
| (i) Details of what to do in an accident? If YES please provide a copy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (ii) An accident report form to complete? If YES please provide a copy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

(i) Do you or a manager interview the driver following an accident? YES NO

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

(k) Do you operate a penalty/incentive scheme to encourage accident-free driving? YES NO

If **YES** how long has this been in operation?

Please provide details.

3 Vehicles

(a) How is vehicle maintenance carried out?

In-house. YES NO

Contracted out. YES NO

(b) How frequently?

(c) By whom?

(d) What is the procedure for reporting vehicle defects?

(e) Please provide details of any prohibitions or notices that your drivers/vehicles have incurred.

- (f) 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
- (g) Please advise the maximum number and value of vehicles that could be at one location (either garaged or in a compound) NUMBER VALUE

4 Operations

- (a) Do you have a full time fleet operations manager? YES NO
- If YES please give name and qualifications.

- (b) Do you have a policy to encourage passengers to wear seatbelts, (e.g. driver instruction, sign displayed)? YES NO
- (c) Do your vehicles operate overseas? YES NO

If YES can you estimate the number of days per annum:

(i) Within the EU

(ii) Outside the EU*

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

- (d) Do you have contracts which involve the carriage of US or Canadian citizens, "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.

- (e) Please give details of your normal hours of operation (e.g. Are vehicles operated on a shift system?).

5 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

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.

BCOTX3383 (V35) 09.2021