



# Haulage factfinder

Please complete this form, sign it and return it back to us



Personal details	
Name of insured: (Individual or Company)	<input type="text"/>
Policy number (if applicable)	<input type="text"/>
Risk address:	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Business description	<input type="text"/>
Approximate annual turnover	<input type="text"/>
Renewal date	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Company website address (if applicable):	<input type="text"/>

1 General details	
1.1 Business description: (please tick the box that best describes the nature of your business)	<input type="checkbox"/> General Haulage <input type="checkbox"/> Bulk Transport <input type="checkbox"/> Multi Drop <input type="checkbox"/> Other (please specify): <input type="text"/>
1.2 Has the business changed in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please give details <input type="text"/>

**1 General details *continued***

**1.3 Is it anticipated that the business will change in the next 12 months?**

Yes       No

If 'Yes' please give details

**1.4 Please give a brief description of the type of goods carried**

**1.5 Do vehicles operate airside?**

Yes       No

**1.5.1 Will any of your vehicles be used in the parts of any airport or aerodrome to which aircraft have access?**

Yes       No

If 'Yes' airside questionnaire

**1.5.2 Will any of your vehicles be used at any other hazardous locations?**

Yes       No

If 'Yes' will any of your vehicles be used in any area where right of access is restricted by statute or Act of Parliament on the grounds of Safety or Security? Please supply details of locations visited, frequency etc

**1.6 Please indicate the type of Operator's Licence held: (please tick the appropriate box)**

- Restricted
- Standard National
- Standard International
- None (please give details)

## 1 General details *continued*

1.7 (a) Please detail the number(s) of your current Operator's Licence	<input type="text"/>
1.7 (b) How many years have you held an Operator's Licence?	<input type="text"/>
1.7 (c) How many vehicles are on your Operator's Licence?	<input type="text"/>
1.7 (d) Who is the CPC holder for the Operator's Licence?	<input type="text"/>
1.7 (e) What postcode(s) are detailed on your Operator's Licence?	<input type="text"/>
1.7 (f) How many trailers are on your Operator's Licence?	<input type="text"/>
1.8 Please provide details of any action taken against your Operator's Licence by the Traffic Commissioner:	<input type="text"/>
1.9 Do your vehicles operate overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' how many vehicle days per annum are vehicles overseas a) In the EU b) Outside the EU Please list countries visited and percentage of turnover for each country <input type="text"/>
1.10 Have you significantly altered your vehicle profile or nature of use in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please give details <input type="text"/>
1.11 Do you intend to alter the vehicle profile or nature of use within the next 12 months ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please give details <input type="text"/>
1.12 Do you undertake courier or parcel delivery work?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please advise approximate percentage of turnover for these services <input type="text"/>

## 1 General details *continued*

1.13 What is your usual radius of operations?

1.14 Does your current motor fleet insurance policy extend to include Occasional business use?

Yes  No

If 'Yes', please provide details

(a) Are employees permitted to use their own car in connection with your business?

(b) How many employees use their own vehicle in connection with your business?

(c) Do you check their insurance is current and covers business use?



## 2 Hazardous goods details

2.1 Will any of your vehicles be used to carry corrosive, explosive, inflammable, toxic or otherwise dangerous goods?

Yes  No

If 'Yes' will these be carried in quantities that necessitates by law a Hazardous Chemical notice to be displayed on the vehicle and/or the drivers or vehicle attendants are required to hold a current and valid ADR certificate in accordance with the Carriage of Dangerous Goods by Road Regulations?

2.2 Are hazardous goods carried in tankers or bulk loads?

Yes  No

2.3 Do you carry "High Consequence Dangerous Goods"?

Yes  No

2.4 If 'Yes', for 2.1, 2.2 or 2.3, please advise the type of goods carried in each UN class

UN Class	Packing Group	Transport Category	Description of Goods	% of Turnover
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.5 How long have you been involved in the carriage of hazardous goods?

2.6 How many of your drivers hold ADR qualifications?



### 3 Driver details

<b>3.1 How many drivers are authorised to drive your vehicles?</b>	<input type="text"/>
<b>3.2 What percentage of your drivers are aged</b>	17 – 20 <input type="text"/> %    21 – 24 <input type="text"/> %    25 – 29 <input type="text"/> % 30 – 70 <input type="text"/> %    Over 70 <input type="text"/> %
<b>3.3 How are your drivers paid (mileage, hourly, number of drops, salaried etc)?</b>	<input type="text"/>
<b>3.4 What was your level of turnover of driving staff during the past 12 months?</b>	<input type="text"/> %
<b>3.5 Do you use agency, temporary or casual drivers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' how many agencies are used? <input type="text"/> Is there a formal contract in place with these agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No Are agency drivers given any induction training? <input type="checkbox"/> Yes <input type="checkbox"/> No How many driver days per annum are expected? <input type="text"/>
<b>3.6 Have any of your drivers received any driving convictions in the past 5 years?</b>	<input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No <input type="text"/>
<b>3.7 Have any of your drivers ever been banned from driving?</b>	<input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No <input type="text"/>
<b>3.8 Do you employ owner drivers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' how many are employed? <input type="text"/> Do owner drivers insure vehicles separately in their own name? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.9 Do you employ any drivers who are non-UK nationals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' what percentage of these drivers hold UK licences? <input type="text"/> %
<b>3.10 For all new drivers who will drive on business do you</b>	a) Have a completed application form? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Do you check their driving licence with the DVLA? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Obtain details of previous motoring accidents or convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Follow up on references? <input type="checkbox"/> Yes <input type="checkbox"/> No e) Assess their driving ability? <input type="checkbox"/> Yes <input type="checkbox"/> No f) Provide induction training? <input type="checkbox"/> Yes <input type="checkbox"/> No

### 3 Driver details *continued*

**3.11 Do you allow non-employees to drive your company cars?**

Yes       No

If 'Yes' do you

a) Take a copy of their driving licence?

b) Obtain details of previous motoring accidents or convictions?

c) Allow non-employees under age 25 to drive?

If 'Yes' please provide their names, ages, vehicles driven and relationship to the company



### 4 Vehicle details

**4.1 Please detail the makeup of your fleet for forthcoming policy period**

	Total	Estimated Annual Mileage
(a) Private Cars	<input type="text"/>	<input type="text"/>
(b) Goods Carrying Vehicles with GVW up to 3.5t	<input type="text"/>	<input type="text"/>
(c) Goods Carrying vehicles with GVW 3.5t to 7.5t	<input type="text"/>	<input type="text"/>
(d) Goods Carrying vehicles with GVW 7.5t to 20t	<input type="text"/>	<input type="text"/>
(e) Goods Carrying vehicles with GVW 20t to 38t	<input type="text"/>	<input type="text"/>
(f) Goods Carrying vehicles over 38t	<input type="text"/>	<input type="text"/>
(g) Mini-buses/Coaches	<input type="text"/>	<input type="text"/>
(h) All other vehicles (ST's AGV's)	<input type="text"/>	<input type="text"/>

**4.2 Are there any electric vehicles (other than ST's) on the schedule?**

Yes (please give details)       No

**4.3 How often are vehicle checks carried out and by whom?**

**4.4 What is the procedure for reporting vehicle defects?**

#### 4 Vehicle details *continued*

4.5 Are any vehicles valued over £150,000?

Yes  No

If 'Yes' please advise which vehicle(s), approximate value and details of any modifications to the vehicle(s)

4.6 Do you hire any temporary additional vehicles?

Yes  No

If 'Yes'

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

(b) Please estimate the number of days of temporary hire for the next 12 months

4.7 What percentage of your vehicles are fitted with:

(a) Thatcham approved alarms or immobilisers

 %

(b) Non-Thatcham approved alarms or immobilisers

 %

(c) A Black box type recorder

 %

(d) Tracker type devices\*

 %

\* If tracker what type of device

4.8 Where are the vehicles kept when unattended?

4.9 Where are trailers kept when not in use?

4.10 Do you own any tankers or tanker trailers?

Yes  No

4.11 What additional steps do you take to secure target (high value, valuable goods) vehicles/trailers or unattended vehicles/trailers?

4.12 Are any of your vehicles fitted with cranes whether mounted or de-mountable or any other type of lifting equipment? e.g. fork lift trucks?

Yes  No

If 'Yes' please give details including whether these are controlled wirelessly

#### 4 Vehicle details *continued*

4.13 Will the total value of vehicles and trailers at any one location exceed £1,000,000?

Yes  No

If 'Yes' accumulation questionnaire

4.14 In respect of trailers, please advise

(a) Total number in your possession at any one time?

(b) Total value of all trailers in your possession at any one time?

(c) Maximum value any one trailer?

4.15 Are all vehicles owned by or leased to the company?

Yes  No

If 'No' please give details of the vehicles, their owners and their relationship to the company



#### 5 Risk management details

5.1 Who is the nominated person (and job title) responsible for managing the Insured's occupational road risk?

5.2 Do you have an appointed Fleet manager/Controller?

Yes  No

5.3 How many licence checks have been completed through the DVLA in the last 12 months?

5.4 How often do you check drivers' driving licences?

5.5 If you use agency, casual or temporary drivers, do you check their driving licences first?

Yes  No

5.6 Do you issue your drivers with a company handbook?

Yes  No

(if 'Yes' please provide a copy)

5.7 Do you have a driver training or assessment procedure?

Yes  No

(if 'Yes' please give details of the training and when or how often it is carried out and by which supplier)



## 5 Risk management details *continued*

5.8 How many of your drivers have undergone driver training in the last 12 months?

5.9 Do you issue drivers with instructions for reporting an accident?

Yes  No

5.10 Are post accident driver interviews carried out?

Yes  No

If 'Yes' please give details of when and by whom

5.11 Do you operate any driver incentives or penalties to promote safe driving (bonuses, driver excesses etc)?

Yes  No

If 'Yes' please give details

5.12 Do you operate a remote vehicle management system (e.g. How's my driving)?

Yes  No

If 'Yes' please give details

5.13 Do you have accreditation for FORS, CLOCS or similar?

Yes  No

If 'Yes' what level of accreditation and when was this obtained?

5.14 Are vehicles fitted with telematics devices:

Yes  No

If 'Yes' which system(s) are used and what reports do you regularly access?

5.15 Are vehicles fitted with dash cams or CCTV recording?

Yes  No

If 'Yes' how is video footage reviewed and stored?

## 5 Risk management details *continued*

5.16 Are vehicles fitted with cyclist detection or anti-drag under technology?

Yes  No

If 'Yes' please give details

5.17 Do you use the services of an accident management company?

Yes  No

If 'Yes' please give details

(a) Which company is used?

(b) How long have you used their services?

(c) What services do they provide for you?



## 6 Declaration

Since it is an offence under the Road Traffic Act to make a false statement or withhold any relevant information for the purpose of obtaining a Certificate of Insurance it is in your own interest to ensure that this form is accurate and complete.

N.B. Relevant information is information an insurer would regard as likely to influence the acceptance and assessment of the proposal (if you are in doubt you should disclose the information).

Please read this declaration carefully before signing and dating.

You must take reasonable care to make a fair presentation of the risk to Us by providing accurate and complete answers to all questions. You should not provide any information which You know is incorrect.

We undertake that the motor vehicles to be insured will not be driven by any person who to our knowledge has been refused motor insurance or continuance thereof.

I/We declare that I/We have taken reasonable care to provide accurate and complete answers to all questions asked.

I/We understand that I/We must notify the agent or AXA as soon as reasonably possible if any of the information in this proposal form is inaccurate or incomplete.

Completed by:

Signature:

Date

Position within the company:

**Important:** The information you declare in this form may affect our assessment of the insurance risk and will be used in conjunction with the risk presentation and vehicle schedule. Therefore, incorrect or inaccurate information given may entitle us to vary or avoid any insurance cover subsequently issued.

**This document is available in other formats.**

If you would like a Braille, large print or audio version, please contact your insurance adviser.

**[www.axa.co.uk](http://www.axa.co.uk)**

