

**Auto Loss Control Survey**

Company Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

CA Policy #: \_\_\_\_\_

CA Policy Effective Date: \_\_\_\_\_

1. Are any drivers involved in claims still employed with the company? ..... Yes  No 
  - a. If yes, please list: \_\_\_\_\_
2. Were any driver(s) cited in accidents? ..... Yes  No 
  - a. If yes, please list: \_\_\_\_\_
3. How many drivers were reported at the beginning of your previous policy? \_\_\_\_\_
  - a. How many drivers were added during your previous policy year? \_\_\_\_\_
  - b. How many drivers were terminated/removed during your previous policy year? \_\_\_\_\_
4. Does driver recruitment include comprehensive pre-employment screening services (MVR, criminal background, sexual offender registry, work history, drug screening)?..... Yes  No 
  - a. If yes, please name the vendor(s) providing the service(s): \_\_\_\_\_
5. Does the company have GPS or drive cameras installed in all service vehicles?..... Yes  No 
  - a. If yes, what GPS brand/service is installed? \_\_\_\_\_
  - b. Are notifications of driving infractions (speeds above posted limit, hard breaking, geo-fence/operational hours violations) monitored by management? ..... Yes  No
  - c. Are drivers disciplined for GPS notified infractions? ..... Yes  No   
If yes, what are the steps of progressive discipline and how is it documented? \_\_\_\_\_  
\_\_\_\_\_
6. Does the company require regular/annual safety training for drivers? ..... Yes  No 
  - a. If yes, how often is that training and what program/vendor/resource is used? \_\_\_\_\_  
\_\_\_\_\_

**Auto Loss Control Survey continued**

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7. Does the company have employment policies that:
- a. Require drivers to pay for deductibles for at-fault accidents? ..... Yes  No
  - b. Govern vehicle use (take home, cell phone use, alcohol/drug use, GPS infractions, non-employee passengers, etc.) ..... Yes  No
  - i. If yes, is the vehicle use policy signed by employees and retained in employment files?..... Yes  No
  - c. Suspend or terminate drivers with their first rear end collision claim? ..... Yes  No
  - i. If no, what is company policy for suspending/terminating drivers with their first rear end claim? \_\_\_\_\_
  - d. Prohibits all use of personal and company cell phones and mobile devices for talking and texting while driving with a written policy signed by drivers? ..... Yes  No
  - e. Includes a comprehensive drug and alcohol screening program with:
    - i. Required post-accident drug/alcohol screening policy for drivers involved in at-fault accidents? ..... Yes  No
    - ii. Required passage of pre-employment drug/alcohol screenings?..... Yes  No
    - iii. Options for random and probable cause screenings? ..... Yes  No
8. Does the company issue cell phones/mobile devices to all service technicians?.....Yes  No
- a. If no, does the company pay a stipend or partially reimburse service technicians for the company use of their personal cell phones?.....Yes  No
9. Are current personal auto insurance policies in place for all owners/officers.....Yes  No
10. Are all service vehicles garaged overnight at the company's business location? ..... Yes  No

I attest that the responses above are true and accurate and are submitted with the ACORD Commercial Auto Application and/or Skyward Specialty Auto Renewal Summary for the new and/or renewal policy period:

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker Signature

\_\_\_\_\_  
Date