

Motor Fleet Factfinder (p1 of 4)

Name:	
Address:	
	Postcode:
Other Trading Locations:	
Full Business Description:	
Website address:	

Vehicles and use

1. Please indicate the total number of vehicles within your fleet:

Private cars – essential business use	Number:	Typical annual mileage:
Private cars – other	Number:	Typical annual mileage:
Goods carrying vehicles to 3.5t GVW	Number:	Typical annual mileage:
Goods carrying vehicles to 7.5t GVW	Number:	Typical annual mileage:
Goods carrying vehicles over 7.5t GVW	Number:	Typical annual mileage:
All other vehicles (i.e. minibuses etc)	Number:	Typical annual mileage:

2. Do you fit security devices, other than the manufacturer's standard systems, to your vehicles?

Thatcham approved alarms/immobilisers	No of vehicles fitted:
Non Thatcham approved alarms/immobilisers	No of vehicles fitted:
Remote tracking devices	No of vehicles fitted:
Telematics systems	No of vehicles fitted:

Please indicate which systems you have installed:

3. Are any hazardous goods carried?

YES NO

If yes, please give full details (nature of goods carried, frequency etc):

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4. Do your vehicles visit any hazardous sites (e.g. chemical works, power stations, airports etc)?

YES NO

If yes, please give full details (sites visited, frequency etc):

5. How often do your vehicles operate overseas and for what duration?

Within the EU?

Outside the EU?

If vehicles operate outside of the EU please list the countries visited:

6. Do you undertake any time-critical or multi drop operations?

YES NO

If yes, please provide full details:

Drivers

7. Approximately what percentage of regular company vehicle drivers are aged:

Over 30	%	25 – 29	%
21 – 24	%	Under 21	%

8. Please indicate the level of turnover of staff allocated a company vehicle during the last 12 months:

9. Do you use agency, temporary or casual drivers?

YES NO

If yes, please provide full details:

10. For all new employees who will drive company vehicles, do you:

Have a completed application form? (If so, please supply a copy)

YES NO

Take a copy of their driving licence?

YES NO

Obtain details of any previous motoring accidents and convictions?

YES NO

Assess their driving ability? (If so, please indicate by whom this is conducted)

YES NO

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11. Do you:

Allow non-employees to drive your company vehicles?

YES NO

Take a copy of their driving licence?

YES NO

Obtain details of any previous motoring accidents and convictions?

YES NO

12. How often do you check driving licences?

13. Do you restrict who may drive high performance or high value vehicles?

YES NO

If yes, please indicate what restrictions apply:

14. Please provide details of any serious motoring convictions incurred by any drivers in the past 3 years:

Driver	Date of Birth	Conviction Code	Date	Sentence	Blood alcohol level

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General

15. Do you issue drivers with a company driver handbook? (If so please supply a copy) YES NO

16. Do you supply drivers with:

Details of what to do in the event of an accident? YES NO

An accident report form to complete? YES NO

17. Does a local manager interview the driver following an incident? YES NO

18. Do you record and analyse incidents? YES NO

19. Do you operate a penalty/incentive scheme to encourage accident free driving? YES NO

20. Are drivers responsible for payment of the policy excess following an 'at fault' accident? YES NO

21. Are you currently involved in a driver training programme? YES NO

If yes, which driver training organisation do you use?

How many drivers have undertaken training during the last? 12 months? 24 months?

22. Do you use the services of an independent Accident Management Company? YES NO

23. Do you intend, or have you planned to introduce any changes in the immediate future? (i.e. changes to the types or use of vehicles, risk management measures etc) YES NO

If yes, please provide full details:

Signature:	Date:
Name:	Position: