

**TRUCKERS QUESTIONNAIRE**  
(attach additional pages if necessary)

NAMED INSURED \_\_\_\_\_ DATE \_\_\_\_\_

- 1) a) What is the radius of operations? \_\_\_\_\_  
b) How many trucks owned and used? \_\_\_\_\_ How many are flatbeds? \_\_\_\_\_  
c) How many drivers employed? \_\_\_\_\_ Full-time \_\_\_\_\_  
d) Turnover rate of drivers annually is \_\_\_\_\_  
e) Number of drivers age 25 and under \_\_\_\_\_, 25-40 \_\_\_\_\_, 40-55 \_\_\_\_\_, 55-65 \_\_\_\_\_, over 65 \_\_\_\_\_.  
f) Do all of your drivers have at least three years minimum over the road experience? \_\_\_\_\_ yes \_\_\_\_\_ no  
g) What percent of your drivers have been employed by you for 1-3 years \_\_\_\_\_, 3-5 years \_\_\_\_\_, 5-10 years \_\_\_\_\_, over 10 years \_\_\_\_\_?  
h) Do you have a safety incentive program for your drivers? \_\_\_\_\_ yes \_\_\_\_\_ no. If so, please describe it.  
  
i) How many owner-operators? \_\_\_\_\_ How are owner operators monitored by mgnt (please send copy of their lease please)? \_\_\_\_\_  
j) Owner ops required to have their own WC insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, do you require a Certification of Insurance from them and keep a copy on file? Yes \_\_\_\_\_ No \_\_\_\_\_  
k) Owner-operators operating their units under your ICC or DOT permit? Yes \_\_\_\_\_ no \_\_\_\_\_  
Owner-operator (s) ICC # \_\_\_\_\_  
l) If you have more drivers than trucks, are drivers doing warehouse work, other duties? If so, please describe.  
  
m) How many drivers live in other states? \_\_\_\_\_ Which states? \_\_\_\_\_  
Are these drivers dispatched out of Pennsylvania? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a signed agreement from all out of state drivers to solely accept Pennsylvania benefits in case of injury? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) a) What type of commodities are hauled (any hazardous materials, if so list)?  
  
b) Do the insured drivers load and unload loads? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what percent of the time?  
If yes, is it manual or with use of forklifts or other equipment? Please describe.  
  
c) How many of your trucks (trailers) need tarping done? \_\_\_\_\_ Do the drivers solely do all the tarping? \_\_\_\_\_ yes \_\_\_\_\_ no. If not, who does?  
Is tarping manual or mechanical? \_\_\_\_\_ On all trucks? \_\_\_\_\_ yes \_\_\_\_\_ no  
  
d) Do all trucks have proper handholds and footholds and related support features for three point contact re exiting and entering the trucks? \_\_\_\_\_ yes \_\_\_\_\_ no  
Is there a footwear policy for drivers (e.g. no cowboy boots)? \_\_\_\_\_ yes \_\_\_\_\_ no

- 3) a) Are MVR's ordered and checked annually on each driver? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) How does management react to a driver with a DUI/Reckless Driving on the MVR? Driver suspended? Written warning re further violations? Please explain
- c) What is management's policy for dealing with MVR's indicating 3 accidents/violations in the last 3 years?
- 4) Please describe:
- a) vehicle maintenance program
- b) are vehicle maintenance records on file? \_\_\_\_\_yes\_\_\_\_\_ no
- c) written safety program (provide copy please)
- d) accident investigation procedures and record maintenance
- 5) a) Are pre and post-trip safety checklists mandatory?
- b) Please attach a copy of the checklist
- c) How often do you examine driver hours driven? \_\_\_\_\_ speed and distance restrictions? \_\_\_\_\_
- d) What is the penalty for driving more hours than legally allowed?
- e) Do you have a return-to-work program/modified work for drivers? \_\_\_\_\_yes\_\_\_\_\_no
- 6) a) Are there pre-employment physicals? \_\_\_\_\_yes\_\_\_\_\_no; annual physicals? \_\_\_\_\_yes\_\_\_\_\_no
- b) Please describe driver background checks
- c) Are there driver interviews? \_\_\_\_\_yes\_\_\_\_\_no: Road tests? \_\_\_\_\_yes\_\_\_\_\_no
- d) Do you have a pre-hire substance abuse detection program (alcohol or drugs)? \_\_\_\_\_yes\_\_\_\_\_no.  
Other detection program(random for example)? If yes, please describe.  
Post accident drug testing? \_\_\_\_\_yes\_\_\_\_\_no
- e) Do you have written hiring practices? \_\_\_\_\_yes\_\_\_\_\_no. Please provide a copy. If not, please describe.
- 7) Does the insured have a two-driver operation for long distance travel runs or a policy to reduce the risk of driver fatigue? Please explain. If not, how do you manage driver fatigue?

- 8) a) Are any terminals located in a state other than Pa? If so, where?  
 b) Are drivers dispatched from these terminals? If so, which drivers?
- 9) Does the insured employ personnel who repair/maintain the trucks on the premises? \_\_\_\_\_  
 Are these certified mechanics? Yes \_\_\_ No \_\_\_ If no, what type of service do they do on the trucks?
- 10) Does the insured also operate a warehouse at this location? Yes \_\_\_ No \_\_\_  
 Short-term or long-term?  
 For businesses they carry cargo for only?  
 Forklift operators trained and experienced?  
 Storage height restrictions?  
 Employees loading and unloading trucks?
- 11) Is this a union trucking operation? \_\_\_yes\_\_\_no
- 12) Please describe the truckers compensation program ( \$8.00 dollars per hour, \$.35 per mile, etc, ...) \_\_\_\_\_  
 What is the average mileage run per driver? \_\_\_\_\_  
 Average weekly miles driven per driver \_\_\_\_\_ or  
 Average weekly hours driven per driver \_\_\_\_\_

**Signature and Title of Person From Trucking Company Completing This Form**

\_\_\_\_\_ DATE \_\_\_\_\_