

Section XI: Auto Addendum

1. Auto Information:

Class	Count	Class	Count
Private Passenger Vehicle		Extra Heavy – Local	
Light Vehicle		Extra Heavy – Intermediate/Long	
Medium Vehicle		Local Truck Tractors	
Heavy Vehicle		Intermediate/Long Haul Truck Tractors	
Heavy Int/Long			
Describe any significant vehicle modifications to vehicles (Greater than \$5000 in value) Examples: cranes, lifts, hoists, dump bed, pumps, vacuums / tank bodies, welding equipment, other: _____ _____			
2. Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are MVRs ordered and reviewed at least annually for all drivers <input type="checkbox"/> Yes <input type="checkbox"/> No or all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of procedures or provide MVR standards drivers must meet to be granted driving privileges.			
4. Do you have a written fleet safety program? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a vehicle maintenance program in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do employees use personal vehicles in business? If yes: a. Please list percentage of employees who use their own vehicles: _____ b. What limit of personal auto liability insurance do you require these employees to carry? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use owner/operators? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? (_____) And does the written agreement with them require they be dedicated to your business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Do you allow employees to take company vehicles home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the employees permitted to drive the vehicles during non-work hours <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Do you have a distracted driving policy? If yes, attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written policy forbidding the use of cell phones while operating vehicles			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow hands-free use of cell phones while operating vehicles?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have a pre-trip inspection procedure for vehicles?			<input type="checkbox"/> Yes <input type="checkbox"/> No