

BROWNYARD GROUP

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

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NOTE: All Questions Must Be Answered
BUSINESS AUTO FLEET APPLICATION

- NAME: _____
(COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)
- Physical Address: _____
NO. STREET CITY COUNTY STATE ZIP
- Mailing Address: _____
NO. STREET CITY COUNTY STATE ZIP
- Principal: _____ Title: _____
- Fleet / Safety Manager: _____ Title: _____
- Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)
- Phone: _____ Fax: _____
- Email: _____ Website: _____
- Organization Type: Individual Partnership Corporation LLC

SUBMISSION REQUIREMENTS

- 4 Years documented loss history
- All drivers must have acceptable MVRs
- Complete VIN's on all power units
- Completed application and current fleet list
- Complete drivers list required at time of binding

SAFETY MANAGEMENT

- Written Safety Program that is implemented and enforced at your company?..... Yes No
- Are safety meetings held? Yes No
If YES, how often? _____
- Written Driver Training Program? Yes No
- Is there a written vehicle take-home policy?..... Yes No
- Do you have a drug-testing program in place?..... Yes No
- If requested, would management implement a program designed to assist with safety management in the first 30 days of the effective date of this insurance?..... Yes No
- Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
If YES, please check off the fleet telematics being utilized:
 Plug in Hard wired Mobile Phone Other: _____
- What percentage of the Applicant's fleet is provided with these fleet telematics devices? _____%

MAINTENANCE

- Do you maintain maintenance logs on each vehicle?..... Yes No
- Do you provide the routine maintenance on your equipment? Yes No
- If you do not perform maintenance who does? _____
- Are they Professionally Certified as Mechanics? Yes No
- Are your drivers in any way responsible for the cost of the maintenance of your equipment?..... Yes No
- Do your drivers perform daily maintenance checks on ALL vehicles? Yes No

DISTRACTED DRIVING MANAGEMENT & PREVENTION

- 1. Do you have a mobile phone/distracted driving policy? Yes No
If YES, please provide a copy with this application.
- 2. Is use of cell phones & other mobile electronic devices by employees prohibited, including texting, emailing and use of social media while operating a company vehicle?..... Yes No
- 3. Does your company require employees to park in a safe location before using a communication device when operating a company vehicle? Yes No
- 4. Does your company prohibit the use of blue tooth devices by employees operating a company vehicle? Yes No
- 5. Do you require employees to sign a distracted driving policy that outlines set consequences for violation of the policy? Yes No
If YES, please provide a copy with this application.
If NO, would your company consider implementing one? Yes No

HIRING MANAGEMENT

- 1. Pre-hire Screening? Yes No
- 2. Obtain a Motor Vehicle Record Report (MVR) on each driver prior to hiring? Yes No
- 3. Check **ALL** prior job references a driver provides prior to hiring?..... Yes No
- 4. Road test **ALL** drivers prior to hiring? Yes No
- 5. Order MVR's on **ALL** company drivers at least on an **Annual** basis?..... Yes No
- 6. What driver training do you provide for your employees? _____

- 7. Do you require your employees to take outside training courses?..... Yes No
If YES, what courses do they take? _____

GENERAL OPERATIONS

- 1. Lease vehicles from other individuals or companies? Yes No
- 2. Lease vehicles to other individuals or companies? Yes No
- 3. Are all vehicles titled under the business name? Yes No
- 4. Have any additional vehicles owned or leased by your company NOT on this schedule?..... Yes No
- 5. Are employees required to complete incident reports?..... Yes No
- 6. What percentage of your driving is within: 50 Miles _____ % 51-100 Miles _____%
- 7. Do you operate any dump trucks or trailers? Yes No
- 8. Do you operate any trucks or trailers which have cranes or booms attached?..... Yes No
- 9. Are any vehicles used for snow plowing?..... Yes No
- 10. Are any vehicles used for 24-hour patrolling?..... Yes No
If YES, how many shifts within a 24-hour period? _____
- 11. Is Lease GAP Insurance required? Yes No

NOTES:

