



Delivery Supplement Questions

1. Total number of drivers: 2. Radius of driving exposure, in miles:

3. What type of products/goods are they delivering?

4. Type of vehicles used for delivery: (Automobile; Flatbed; Van/Dry Box; Open Top Van; Auto Transporter; Straight Truck; Tanker; Motorized Scooter/Moped; Bicycle)

5. Number of company owned vehicles: 6. Number of non-owned vehicles:

7. Are drivers paid per delivery? 8. Number of employees who drive personal vehicles:

9. Is there commercial or non-owned auto coverage in place?

10. What are your delivery hours?

Weekday Start:

Weekday End:

Weekend Start:

Weekend End:

11. Which employee screening processes does the insured perform? (Pre-hire screening; Reference checks; Pre-employment drug testing; Post-accident drug testing; Random drug testing)