



Phone (205) 980-7806
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Package Delivery Supplemental Information

We need more information to make a decision on your request for coverage.

Business Name: _____ **APP#:** _____

Agency contact and email address: _____

Company Website: _____

1. How are drivers paid? Hourly Per Mile Per Trip Other _____
2. Radius of Operation ___ miles or less
3. Maximum weight of packages ____ lbs. Do drivers load/unload freight? Yes / No
4. Are material handling aides used?
5. What types of vehicles are used? Van Box Truck Tractor-trailer
6. Company delivering for Amazon FedEx Other _____

General Questions / Safety Information

	Yes	No		Yes	No
Do you have a formal return to work program?			Do you have a written safety program in place?		
Do you have a formal lifting technique policy? (Please provide details in comments below)			Do you have a written distracted-driving program and cell-phone use policy?		
Do you have a post-accident drug screening policy?			Are Motor Vehicle Reports [MVRs] run annually and post-accident?		
Do you have a safety director?			Do you have an established method for reporting claims?		
Do you conduct safety meetings? How often?			Do you conduct driver training?		
Do you use Amazon DSP Training Program?			Do you cover weather?		
Any out of state deliveries? List states:			Do you cover traffic?		
			How to deal with animals?		
Do you have a vehicle/fleet maintenance program in place?			Are any independent contractors, owner/operators, or 1099 employees used?		
Do any employees use personal vehicles for delivery?			Are vehicles equipped with GPS monitoring?		

Drivers

Minimum age of new drivers ____	Minimum experience required?	Number of drivers ___ Full-time ___ Part-time
Are drivers with three or more moving violations or one at-fault accident in the past three years prohibited from driving?	Yes No	Are drivers with 2-point violations, reckless driving or DUI charges in the past five years prohibited from driving?
		Yes No

Driver hiring practices (check all that apply)

	Yes	No		Yes	No
MVR Check			Drug Screen		
Road Test			Physical Exam		
Reference Check			Interview		
Written Application			Criminal background check		
Written Test					

Comments:

Signature: _____ Date: _____

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."