



Delivery Supplement Questions

1. Total number of drivers: _____ 2. Radius of driving exposure, in miles: _____
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3. What type of products/goods are they delivering?
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4. Type of vehicles used for delivery: (Automobile; Flatbed; Van/Dry Box; Open Top Van; Auto Transporter; Straight Truck; Tanker; Motorized Scooter/Moped; Bicycle)
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5. Number of company owned vehicles: _____ 6. Number of non-owned vehicles: _____
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7. Are drivers paid per delivery? _____ 8. Number of employees who drive personal vehicles: _____
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9. Is there commercial or non-owned auto coverage in place?
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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)

Applicant / Approver

Signature