



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:

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)?

Applicant / Approver

Signature