



## AMBULANCE COMPANY FLEET SAFETY PROGRAM

To be completed for all prospects prior to quoting.

Prospect Name:

Name and title of person completing the form:

Date:

1. # of employees and/or volunteers who drive
2. # of agency vehicles
3. Average # of employees, including volunteers, in a vehicle at any given time
4. Average # of daily trips per vehicle (approximate)
5. Written Fleet Safety Program  Yes  No If YES, does it include:
  - Management Policy Statement  Yes  No      Seat Belt Use  Yes  No
  - Vehicle Use Agreement  Yes  No      Cell Phone Use  Yes  No
  - Vehicle Inspection Forms  Yes  No      Accident Investigation  Yes  No
6. Are MVRs obtained annually for all drivers who drive agency vehicles?  Yes  No
  - If YES, is there criteria in place to evaluate acceptable drivers?  Yes  No
7. Are MVRs obtained annually for drivers who use personal vehicles on company business?  Yes  No
  - If YES, is there criteria in place to evaluate acceptable drivers?  Yes  No
8. Driver Training  Yes  No
  - If Yes,  Upon Hire  Annually  Remedial

Type(s) of driver training
9. Types of agency vehicles:
10. Special Licenses  PSL  CDL  Other: None
  - Summarize or attach the hiring process for all employees/volunteers.
  - Outline the employee training program and provide frequency intervals.

Signature of Insured \_\_\_\_\_