



AUTO PHYSICAL DAMAGE APPLICATION FLEET ADDENDUM

SPECIALTY UNDERWRITERS
part of the **Crum & Forster** group

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038
PHONE 212 344-3000. FAX 212 422-0253

If applicable, Garage COPE information:

Construction: _____ Year Built: _____
Square Footage of Garage: _____ Square Footage of entire building: _____

Protection / Security:

If applicable, Other Occupants in the building: _____

Fleet Information:

Radius of Operations:
(LIST NUMBER OF UNITS IN EACH GROUP)

VEHICLE TYPE	Radius of Operations:			MAXIMUM VALUED UNIT	TOTAL VALUES
	0 – 50 MILES	51 – 200 MILES	200+ MILES		
Trucks				\$ _____	\$ _____
Tractors				\$ _____	\$ _____
Trailers				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

Will any of your Equipment / Vehicles ever be loaned or rented to others (if yes, explain): Yes No

Will any Vehicles be Leased or Rented from others? Yes No Annual Receipts: _____

What type of vehicles are Leased or Rented? _____

Safety Control / Maintenance Procedures:

Is there any written disaster plan to move vehicles from Terminal Locations (Hail, Flood, etc.)? Yes No

Is equipment regularly inspected and serviced? Yes No

If so, at what periods? _____

Number of drivers hired in the past 12 months? _____ Currently Employed? _____ Turnover Rate? _____

Minimum driver age? _____ Maximum? _____ How many under 25? _____ Over 65? _____

Driver selection procedures includes (check all that apply):

- Written Application
- Road Tests
- Written Test Certification
- Physical Examination
- Referenced Checks
- Road Test Certification
- Drug Testing
- MVR's Checked
- Other: _____

Are MVR's requested periodically on existing drivers? Yes No How often? _____

Is there a policy for any type of driver violations? Yes No Please explain. _____