



Incorporating Motorcade insurance

HIRE CAR FACT FINDER

Current Insurer	
Policy Number	
Renewal Date	

GENERAL DETAILS

When was the company established	
Who are the owners of the business	
How many vehicles do you own / operate	
Area of operation	
Do you undertake specific contracts for any one organisation (Local Health Authority Local Education Authority Social Services Courier/Parcel Delivery Carriage of Celebrities, Sports Personalities)	Yes – No
**If Yes Please Provide Details **	
Do you operate any dedicated airport/airline or hotel car service	Yes – No
** If 'yes' Please Provide full details including nature of operations, airport, airline, hotel etc **.	
Are any of your vehicles used for carriage of goods for hire and reward,(e.g.parcel delivery or courier work?)	Yes – No
If 'yes', please give details including vehicle type and nature of operations	
Are all vehicles to be insured under the fleet policy owned by the policyholder	Yes - No
If 'no', please give details.	
Are there any additional subsidiary or associated companies to be included	Yes - No
If yes please provide full details of their vehicles, cover and claims experience.	
What is the procedure for reporting claims and who is responsible	
How is this communicated to the drivers	
Do you keep records of individual private hires	Yes – No
f 'yes', for how long do you keep them and what details do you record	
Do you operate your own workshop	Yes – No
If so, please explain activities carried out	

DRIVER DETAILS

Are all drivers between the ages of 25 and 69	Yes - No
Please provide the number of drivers in each age group Under 25 25-29 30-49 50-59 60-70 Over 70	
Please indicate the level of turnover of driving staff during the past 12 months %	
Has any person who drives, or may drive, ever been convicted of any Offence in connection with any motor vehicle where the points on their licence exceed six points	Yes- No
<i>If 'yes', please provide copy licence with this form</i>	
Do you undertake a driver assessment, including road use and awareness, prior to allowing any new driver access to your vehicles	Yes - No
<i>If 'yes', please provide details</i>	
Do you operate a penalty/incentive scheme to encourage accident-free driving	Yes - No
If Yes How long has this been in operation/ Please provide details	
Do you obtain initially, and update annually, a copy of each driver's badge and licence	Yes - No
In respect of all new drivers, do you:- Obtain previous driving history, including accidents Check their employment history Request references and follow these up	Yes – No Yes – No Yes – No
Are there any risk management or driver training initiatives undertaken or planned for the future	Yes – No
<i>If 'yes', please provide details</i>	
Do you have a dress code policy	Yes- No
<i>If yes please provide details</i>	
Are vehicles shared between drivers	Yes - No
<i>If so, what procedures are in place for changeover</i>	
Is there a Code of Practice provided to all your drivers which may include a Driver Handbook	Yes – No
If yes please provide us with a copy	
How many drivers do you employ (please provide number)	
How many drivers do you contract (please provide number)	
How many drivers are full time employed (please provide number)	
How many drivers are part time employed (please provide number)	
How many drivers casual rent vehicles (please provide number)	
Self Employed/Other (please state)	

VEHICLE DETAILS

How often are your vehicles inspected/checked for faults

Daily	
Every 3-4 days	
Weekly	
Monthly	
Other	

Who Carries Out Duty	
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How often are the vehicles serviced

Monthly	
Quarterly	
Six Monthly	
Annually	
Other	

Who Carries Out Duty	
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When not in use, are all your vehicles kept in a locked garage or in a compound surrounded by a secure perimeter wall or fence?	Yes - No
If No Please give details	

Provide details of any alarms, immobilisers or tracking devices that have been fitted to your vehicles	
Can you indicate average annual mileage of each vehicle - Cars	
Can you indicate average annual mileage of each vehicle - Minibuses	
At what interval or mileage do you replace your vehicles	
What method of communication is used in each vehicle (Two-way Radio, Mobile Phone, Data-Head, None or Other Please Supply Details)	
Do Any of the vehicles have tracking systems installed in any of your vehicles	Yes - No
If Yes Please Provide Details	

MINIBUS

Please complete this section if there are any minibuses to be covered under the fleet policy

Please give details of your business and the purpose for which your minibuses are used	
Do you carry out any stage carriage work	Yes – No
If Yes Please give details	
Do you hold a PSV operators licence	Yes – No
If Yes Please indicate the type of licence held and the number of vehicles on each licence	
Do you hold a Section 19 or Section 22 permit	Yes – No
If Yes Please Give The Permit Number	
Please provide details of any operator licence offences you have incurred (for example maintenance, vehicle tacho-graph)	
Have you carried out a risk assessment of the management of your minibus service	Yes - No
If Yes Please Give Details	
Does your operation involve the carriage of schoolchildren	Yes – No
If Yes do you have an escort on the journeys	Yes – No - Na
Please indicate what passenger safety devices the vehicles are fitted with:	3-Point Seatbelt Lap Belts No Seat Belts
Have any seatbelts been fitted retrospectively	Yes - No
If Yes Please Indicate By Who And When Fitted	
How does the driver ensure passengers wear seatbelts at all times	
Are any of your minibuses converted for wheelchair access	Yes – No
If Yes Please Give Details Of The Vehicles And The Modifications That Have Been Carried Out	
Please provide details of any training that has been given to drivers for loading, unloading, securing etc in relation to passengers in Wheelchairs	
Are all your minibuses equipped with fire extinguishers	Yes – No
Are all your minibuses equipped with first aid boxes	Yes – No
What arrangements are there for the carriage of luggage (for example carried internally, on a roof rack or in a travel) Please Provide Us with Full Details	
Have you undertaken MIDAS training for the drivers	Yes –No
If Yes Please Give Full Details	
Do you carry out any other specific minibus driver training	Yes – No
If Yes Please Give Details Of Who Carries Out The Training And Please Also Provide Details of The Training Programme	
Do you give instructions to the drivers on the maximum number of hours to be spent driving and also rest Breaks	Yes – No
If Yes Please Give Details	

DECLARATION (Important – it is essential that you sign and date the declaration below) Thank you

- I declare that to the best of my knowledge and belief the answers are complete and true in every respect.
- If the answers to all or any of the questions have been completed by another at my dictation or instruction I confirm that I have read and agreed with such answers.

Proposers Signature	Date
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