



FCCI RISK CONTROL

## **BLUEPRINT for SAFETY®**

# **Fleet Safety Program Guide**

**FCCI**<sup>®</sup> INSURANCE  
GROUP  
More than a policy. A promise.

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**Whether your company uses a single vehicle or an entire fleet, you need a fleet safety program.**

***Fleet safety programs save lives!***

*This guide is intended to assist you and your company with the development of an effective fleet safety program. The first half of this guide provides information on the elements of a fleet safety program. The Appendices contain a sample policy and support materials. FCCI policyholders also have access to fleet-related bulletins and training materials in ExpressServe<sup>SM</sup>. If you have any questions that are not addressed in this guide, please contact your local FCCI Risk Control Consultant.*

The importance of hiring and training safe drivers and maintaining vehicles to save lives and avoid accidents cannot be overemphasized. If you or one of your employees use an automobile to conduct company business and that vehicle is involved in an accident, your company could be liable for enormous costs. Two of the factors that may contribute to your exposure to direct costs are [coverage limits](#) and the legal principle of [negligent entrustment](#). Coverage limits refer to the maximum amount the insurer will pay on a claim, regardless of the actual value of the damage. Negligent entrustment refers to the negligence of an employer supplying an automobile to an incompetent driver and not to actual driver negligence. Negligent entrustment can occur if the company, another employee or third party owns the automobile, lends it to the incompetent-driver employee and then he is involved in an accident while driving the lent automobile.

Insurance is essential for protecting your business from *direct* financial loss. Yet, accidental losses have *indirect* consequences too.

[Indirect financial costs can include:](#)

- Disruption of business operations
- Loss of customer goodwill
- Missed business opportunities
- Higher insurance premiums

Implementation of a formal fleet safety program benefits everyone – employee, business owner and insurance carrier.

[Benefits of a fleet safety program can include:](#)

- Lower insurance premiums
- Compliance with DOT, OSHA and state motor carrier regulations
- Reduction of costs associated with damaged cargo
- Increased customer satisfaction
- Higher employee morale

## Safety Mission Statement

*A safety mission statement sets the stage for all future loss prevention activities.*

*Every safety-conscious company should have a safety mission statement to inform employees of the company's intent to provide a safe work environment, including its intent to support and enforce a formal fleet safety program.*

Goals of an effective safety mission statement:

- To affirm its own long-range purpose
- To commit management at all levels to reinforce this purpose
- To encourage employees to take an active role in ensuring a safe work environment

Every employee in the company should have the information necessary to make sound accident prevention decisions. Because compliance with a safety mission statement requires understanding of and adherence to specific guidelines, the statement itself should be in writing and should be distributed to all employees.

The safety mission statement should include:

- **Purpose.** What are management's main safety goals, and why?
- **Scope.** Does the policy pertain to on-the-job safety? Off-the-job safety? Public safety? Property damage?
- **Responsibility.** Who is responsible for what?
- **Authority.** Who has it and how much?
- **Standards.** What guidelines does your company use?
- **Accountability.** How are individuals held accountable?

For a sample Mission Statement, please refer to **Appendix 8** in this guide under **Fleet Safety Policy**.

# New Employee Hiring and Screening

*Statistical studies demonstrate that the vast majority of motor vehicle accidents are preventable.*

*Once your safety mission statement is in place, the next step in creating an effective fleet safety program is to establish a formal process for hiring and screening safety-conscious drivers.*

The establishment of a meaningful and realistic pre-employment screening program is vitally important to the successful operation of any motor vehicle fleet, whether it be a coast-to-coast interstate operation or an incidental fleet in which the primary operation is not the transportation of freight. By selecting the best available driver, a company helps to avoid future financial loss resulting from accidents and equipment abuse.

Selecting the right driver depends largely on job standards that outline the prerequisites and skills necessary for satisfactory job performance. Drivers who meet well-established guidelines will usually work and drive safely. A properly designed and implemented fleet safety program will help reduce vehicle accidents and control vehicle related loss exposures, reduce vehicle accidents and avoid costly and unnecessary claims against your business. **Successful companies have long recognized that the money they spend on vehicle safety programs typically provides a superior return on their investment.**

An essential first step toward protecting your business is establishing a process for review and evaluation of each driver's motor vehicle record (MVR). The drivers you hire should be licensed and qualified to drive the size and type of vehicle they will operate. You should make every effort to be sure that they will drive safely. This is a must for anyone who operates a company vehicle, their own vehicle, or a third-party owned vehicle while on company business. You should properly evaluate anyone that you will allow the personal use of company vehicles, which may include the employee's spouse or other family members.

This guide provides sample forms for evaluating and qualifying potential drivers. The forms are provided as samples only and should be used to develop your own forms in consultation with your legal adviser to meet specific needs of your organization.

## Hiring and Screening Best Practices

1. Use a suitable Employment Application and [Driver Supplement](#) (see Appendix 1 for FCCI's suggested form) to obtain driver's license numbers and relevant driving experience, including type of equipment, training, accident record and traffic convictions (at least three years or longer, if required by law; not only job-related). If a background check is part of your screening process, make sure you comply with all federal and state consent and disclosure requirements.
2. Establish written job descriptions, requirements and performance standards for new hires and current employees.
3. Verify employment and check references and training. Look for at least two to three years' experience driving the type of vehicles they will drive for you.
4. Make a legible photocopy of the driver's license for your file, preferably in color. Note any special restrictions. Check the expiration date to confirm validity.
5. Furnish and explain written copies of the company fleet policies. These policies should include rules for safe equipment operation and your company's accident review policy, personal use policy, and drug and alcohol policy.
6. Be sure to take special licensing requirements into consideration, such as the requirements for a [Commercial Driver's License \(CDL\)](#).
7. Administer a [Road Test](#) (Appendix 2) in the vehicles that your drivers are expected to drive. Be sure to document test.
8. Administer substance abuse and alcohol testing, if required by law. Even if not required, drug-free workplace programs are a good business practice and may help to lower your insurance premiums. Contact your FCCI Risk Control Consultant to obtain a copy of FCCI's Drug-Free Workplace Program.
9. The Federal Motor Carrier Safety Act (FMCSA) requires that persons driving a Commercial Motor Vehicle (CMV) be physically qualified to do so. The driver must carry a medical examiner's certificate demonstrating their qualifications. A copy of this certificate should be kept for your records. If the driver does not have an up-to-date certificate, one should be obtained prior to employment and operation of a CMV.
10. Use a [Driver Information and Selection Checklist](#) (Appendix 3).

## Motor Vehicle Records (MVRs)

*There are more than 214 million licensed drivers and more than 252 million registered vehicles in the U.S.*

*According to the National Highway Traffic Safety Administration, 37,461 people were killed in crashes in the U.S. in 2016. The number of passenger vehicle (cars and light trucks) occupant fatalities is at its highest since 2008.*

*Interestingly, a review of FCCI policyholder driver database information indicates that drivers with one violation are 336% more likely to have an accident than drivers with no violations.*

Not everyone is qualified to drive your company vehicle. In fact, there are some individuals you should not allow to drive any vehicle, even their own, while conducting business for your company. Your assets and reputation are at risk.

Motor vehicle crashes can be prevented using multiple risk control methods, including:

- Proper hiring and evaluation
- Driver training
- Driver and vehicle safety policies and rules
- Regular vehicle inspections
- Regular vehicle maintenance
- Formal accident investigation procedures

One of the most important and critical methods for preventing accidents is proper driver hiring and evaluation. Checking MVRs is an extremely important step in the driver screening process. Don't risk having a person with a poor driving record operate an expensive piece of company equipment, such as a \$40,000 company vehicle.

**All businesses should check MVRs at least annually for employees that regularly drive an automobile for work.** Your company should establish its own process for review and evaluation of drivers. This is your responsibility, not the responsibility of your agent.

**FCCI Employers Edge offers many resources for the hiring process, including a primer on hiring new employees, interview techniques and evaluation forms, and state-specific information on background checks and sample authorization forms. Visit FCCI Employers Edge on ExpressServe.**

## Evaluating MVRs

When reviewing MVRs, it is valuable to establish some minimum requirements. Federal, state and local laws should be considered when developing criteria to identify qualified operators. Anyone who operates a vehicle for you should be properly licensed and qualified. You should do everything reasonably possible to be sure your drivers drive safely. Keep a copy of all MVRs in your files.

Since drivers with a good driving record are less likely to be involved in future accidents, underwriters expect a substantial percentage of acceptable drivers to have clean driving records. It is important to consider the driver's most recent driving history, which includes the last three years of driving. Federal or state law may require consideration of a longer period of driving history.

Driving records should include a review of MVRs and an accident history for both *at fault* and *not-at-fault* accidents. Not-at-fault accidents may indicate the driver's lack of defensive driving skills and ability. Pay close attention to the frequency of not-at-fault accidents for each driver.

## Criteria

You should establish acceptable MVR criteria in accordance with legal requirements, union agreements and in consultation with your legal counsel. The following information is representative of what you and your legal counsel may consider unacceptable and marginal MVR criteria:

<b>"Unacceptable" Driving Record</b>	<b>"Marginal" Driving Record</b>
<p>A driver with major violations within the last three years, including:</p> <ul style="list-style-type: none"><li>• Violating the open container law (driver or passenger)</li><li>• Reckless driving</li><li>• Failure to yield to emergency vehicles</li><li>• Three or more moving violations within the last three years (including at-fault accidents whether cited with a violation or not)</li><li>• An out-of-state license more than 60 days past the request to acquire an in-state license</li><li>• Vehicular homicide or other felony</li><li>• Passing a school bus</li><li>• Leaving the scene of an accident</li><li>• Driving under suspension</li><li>• Driving under the influence of alcohol or drugs</li><li>• Less than three years' driving experience</li></ul>	<p>A driver who has one or more serious violations in the past three years, such as:</p> <ul style="list-style-type: none"><li>• Excessive speeding (15 mph or more over the speed limit in any speed zone)</li><li>• Careless driving, creating an accident</li><li>• Driving with two moving violations within the past 36 months</li></ul> <p>A driver whose driving record reflects possible poor driving habits, such as:</p> <ul style="list-style-type: none"><li>• Several not-at-fault accidents</li><li>• Several minor traffic infractions</li><li>• License at one time suspended for minor infractions</li></ul>

## The Commercial Driver's License (CDL)

Federal law requires all commercial truck and bus drivers to be licensed under national standards. The licensing requirements apply to drivers who operate vehicles weighing more than 26,000 pounds (11,800 kg.), vehicles carrying more than 16 passengers and vehicles used to transport hazardous materials.

This legislation was prompted by statistics indicating that trucks and buses were involved in a disproportionately high number of fatal road accidents. The re-licensing that resulted from this legislation was also intended to prevent commercial drivers from concealing vehicle code violations by registering themselves under different licenses in different states.

All 50 states and the District of Columbia require commercial drivers to pass a standardized written examination and a road test. The FMCSA has additional requirements for entry-level drivers that go beyond the requirements to obtain a CDL. No one who operates a Commercial Motor Vehicle shall have more than one license. The licensing information and traffic records of all licensed drivers are now maintained in a national computer network. Previously, each state had its own traffic records, and officials in one state could not easily obtain information about violations in another state.

### CDL Requirements

This is an overview of the federal regulations concerning the CDL standards for drivers of a Commercial Motor Vehicle (CMV). For more information, refer to Title 49 CFR Part 383 of the Federal Motor Carrier Safety Act (FMCSA). You should also refer to state regulations.

**A – Class A License** is required to operate a combination vehicle with a gross combined vehicle weight of more than 26,000 pounds or any vehicle towing a trailer in excess of 10,000 pounds.

**B – Class B License** is required to operate a single heavy straight vehicle with a gross vehicle weight of more than 26,000 pounds. This license also permits towing a trailer of 10,000 pounds or less.

**C – Class C License** is required to operate a small vehicle designed to transport 16 or more passengers (including the driver), or a vehicle used for transporting hazardous material.

Additional endorsements to the CDL required for operation of:

- Double and triple trailers
- Passenger vehicles
- Tanker vehicles
- Vehicles used to transport hazardous materials
- School buses

Drivers who are not required to maintain a CDL:

- Certain military drivers
- Farmers
- Firefighters
- Emergency response vehicle drivers
- Drivers removing snow and ice

## CDL Requirements (cont.)

Motor carriers subject to the Federal Motor Carrier Safety Act (FMCSA) must maintain a driver qualification file for each driver (See §49 CFR § 391.51). The file must include, but is not limited to, the following items:

- The driver's application for employment completed in accordance with §49 CFR § 391.21;
- A written record with respect to each past employer who was contacted and a copy of the response by each state agency, pursuant to §49 CFR § 391.23 involving investigation and inquiries;
- The certificate of driver's road test issued to the driver pursuant to §49 CFR § 391.31(e), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to §49 CFR § 391.33;
- The response of each state agency to the annual driver record inquiry required by §49 CFR § 391.25(a);
- A note relating to the annual review of the driver's driving record as required by §49 CFR § 391.25(c)(2);
- A list or certificate relating to violations of motor vehicle laws and ordinances required by §49 CFR § 391.27;
- The medical examiner's certificate of his/her physical qualification to drive a commercial motor vehicle as required by §49 CFR § 391.43(f) or a legible photographic copy of the certificate; and
- A letter from the Field Administrator, Division Administrator, or State Director granting a waiver of a physical disqualification, if a waiver was issued under §49 CFR § 391.49.

The FMCSA is subject to change, so these requirements should be checked periodically by you and your legal adviser to ensure compliance with current law.

## Driver Discipline

*Traffic safety authorities have stated that the majority of motor vehicle accidents can be attributed to supervisory failure to convincingly teach, demonstrate and foster proper attitudes.*

The quality of supervision is especially important in the operation of a motor vehicle fleet because:

- The driver is on his/her own during practically all of his/her working hours, operating without direct or constant supervision.
- Driver performance is a product not only of the skill and knowledge of the driver, but of his/her attitude. Using good principles of supervision is the most effective way to positively develop a driver's attitude.
- There are penalties for certain violations, including but not limited to:
  - Driving under the influence of alcohol or controlled substance(s)
  - Leaving the scene of an accident
  - Refusing to submit to an alcohol test as required by a state or jurisdiction
  - Commission of a felony involving the use of a CMV
  - Operating a CMV with a revoked, suspended or cancelled license
- Penalties for traffic violations are progressive up to and including a lifetime suspension of the license. Refer to the Federal Motor Carrier Safety Regulations, Part 383, and Subpart D for more specific information. Drivers and employers who violate the rules may be subject to civil or criminal penalties. (49 U.S.C. 521(b))

## Personal Use of Vehicles

In a number of commercial fleet operations, employees will have the opportunity to use a company vehicle for personal use. Personal use may entail keeping vehicles at the employee's residence, driving vehicles to and from work, or using the vehicle for transporting personal property. A salesperson working from home is a typical example of a person who may be assigned a vehicle. Another example would be maintenance staff permitted to use company vehicles so they can be available for emergency calls at night.

## Policy Statement

If your fleet operation has these or similar exposures, it is imperative that management develop and implement a vehicle use policy statement or company vehicle agreement. The statement should outline specifically when and under what conditions personal use of the company vehicle is permitted, who is authorized to drive the vehicle and who is authorized to be a passenger in the vehicle.

Use of vehicles by unauthorized drivers should be prohibited.

It should also be noted that some automobile insurance policies limit coverage to only authorized use of the vehicle.

An example policy statement is included in this fleet safety program guide (see Appendix 8).

# Distracted Driving

Distracted driving is a growing problem worldwide. Consider the following statistics:

- Distracted driver related crashes kills more than nine people and injures more than 1,000 every day in the U.S. (3,450 killed and 431,000 injured in 2016).<sup>1</sup>
- Nearly one in five crashes (18%) in which someone was injured involved distracted driving.
- There is a 37% reduction in brain activity associated with driving while using a cell phone.
- Drivers looking out of the windshield can miss seeing up to 50% of what is around them when talking on any kind of cell phone.
- Studies<sup>2</sup> show that voice-to-text is more distracting than typing texts by hand.

**Distracted driving** is engaging in any activity that detracts from the primary task of driving. All distractions endanger driver, passenger and bystander safety.

There are three main types of distraction:

- **Visual** – taking your eyes off the road
- **Manual** – taking your hands off the wheel
- **Cognitive** – taking your mind off of driving

Distracted driving activities may include texting, talking, eating or drinking and grooming. While any of these distractions can endanger the driver and others, texting while driving is especially dangerous because it combines all three types of distraction.

On the average, your eyes are off the road for 4.5 seconds to read or send a text. At 55 mph, that's the equivalent of driving the length of a football field blindfolded!

<sup>1</sup>[https://www.cdc.gov/motorvehiclesafety/distracted\\_driving/index.html](https://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)

<sup>2</sup><http://www.nsc.org/DistractedDrivingDocuments/Dashboard-Infographic-Printable.pdf>

## Youthful Drivers

Youthful drivers carry an elevated risk to your business. According to the CDC, the risk of motor vehicle crashes is higher among 16-19-year-olds than among any other age group. In fact, per mile driven, teen drivers, ages 16 to 19, are nearly three times more likely to be in a fatal crash than drivers age 20 and older.

Teens are more likely than older drivers to underestimate dangerous situations, fail to recognize hazardous situations, make critical decision errors that lead to serious crashes, speed and fail to maintain safe following distances. Careful deliberation should be taken before choosing to allow a youthful driver to operate a company vehicle for company business. Use of insured vehicles by youthful, non-employee drivers is discouraged due to the increased liability exposure to your business.

FCCI underwriting guidelines offer these tips regarding youthful drivers:

- Youthful operators (age 22 and under) increase the degree of personal use exposure substantially.
- Drivers with less than three years of driving experience are unacceptable.
- Avoid youthful operators driving sport or high performance vehicles.
- Avoid youthful operators driving vehicles requiring a CDL.
- Avoid youthful operators with prior accidents or violations.

## Accident Investigation, Reporting and Review

Even those companies with superior fleet safety programs may have a motor vehicle accident. Because of this possibility, it is extremely important to be prepared. All vehicle operators must know exactly what to do in the event of an accident. When involved in an accident, emotions often run high and it is not a good time to be uncertain about what needs to be done. To ensure prompt and accurate accident reporting, all drivers must be prepared and trained.

The [Driver's Accident Reporting Kit](#) (Appendix 4 – *English* / Appendix 4a – *Spanish*) is a useful tool for gathering information you will need to report an accident and begin the accident investigation and review process. A copy should be kept in the glove compartment of every company-owned or operated vehicle. Everyone who drives for you should be trained in its use.

When you evaluate a driver's actions, you should compare them against those of a driver who practices good defensive driving techniques. If the facts do not show that the driver did everything reasonably possible to avoid the accident, the accident should be considered preventable for purposes of training and safety evaluation.

Our [Management Guide for Determining Accident Preventability](#) (Appendix 5) will provide you with useful information for making these determinations and coming to conclusions that are fair and consistent.

Your primary goal when reviewing accidents should always be to learn everything you can to help prevent a similar accident from occurring again.

Properly conducted accident investigations will provide you with information identifying:

- Defective equipment
- Inadequate maintenance
- Adverse road conditions
- Poor driving habits
- Driver training needs
- Necessary disciplinary action
- Improperly secured cargo
- Accident prevention techniques

Addressing each situation in a timely manner is important to the success of a company's fleet safety program.

## Inspections and Maintenance

### Vehicle Inspections

You should do everything reasonable to ensure that your company's vehicles are safe to drive. The Federal Motor Carrier Safety Act (FMCSA) may require your company to make sure that the parts, accessories and safety equipment are in good working condition prior to vehicle use, or your company may be subject to state or local laws requiring certain inspections.

Driver inspections are the most effective way to identify obvious vehicle hazards. A driver should review the last driver vehicle inspection report and sign off on it if there were defects or deficiencies noted and there is certification that they have been corrected. Federal, state or local laws may require these and other inspections be documented. Use the [Vehicle Safety Inspection Form](#) (Appendix 6) to identify needed repairs as well as to confirm any repairs that have been recently completed. For more information, check the FMCSA's administration website at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).

If there are no applicable federal, state or local requirements, it is still good business practice to conduct such inspections to minimize accidents.

Implement formal procedures to ensure needed repairs are completed promptly. The Vehicle Safety Inspection Form will help you accomplish this goal.

### Vehicle Maintenance

Ideally, problems, defects or deficiencies will have been prevented as a result of an effective and conscientious maintenance effort.

Poor vehicle maintenance can prove costly. In addition to potentially causing accidents, it can lead to lost income from failure to meet schedules due to breakdowns. It might even void your vehicle warranty. A well-managed vehicle maintenance and inspection program can add thousands of miles to a vehicle's life.

You should maintain records on each vehicle (i.e., set up a file on each vehicle). At a minimum, the file should document the following:

- Date of service
- Vehicle identification
- Current odometer mileage
- Services performed
- Who did what work
- What parts, if any, were replaced
- Who manufactured the parts
- All other information required by law

The [Vehicle Maintenance Inspection Form](#) (Appendix 7) contains a sample checklist. For more information on commercial automobile fleet risk management techniques, check with your FCCI Risk Control Consultant.

# **Checklist for Automobile Fleet Safety**

## **New Employee Hiring and Screening**

- Review application for employment
- Develop criteria for MVRs
- Enforce CDL requirements
- Conduct a road test
- Develop criteria for acceptable driving
- Implement a disciplinary program

## **Driver Supervision**

- Monitor the performance of drivers
- Require drivers to sign a Vehicle Use Policy Statement

## **Accident Investigation**

- Make a driver reporting kit available
- Address and investigate all accidents in a timely manner
- Ensure that all drivers are familiar with post-accident procedures

## **Maintenance and Inspection**

- Develop a preventive maintenance schedule for servicing
- Implement vehicle safety requirements

Any fleet safety program should be evaluated annually to ensure accuracy and effectiveness.

# Appendices

<b>Appendix 1:</b>	Driving Position Supplement
<b>Appendix 1a:</b>	Motor Vehicle Report Consent and Information Form
<b>Appendix 2:</b>	Road Test
<b>Appendix 3:</b>	Driver Information and Selection Checklist
<b>Appendix 4:</b>	Driver's Accident Reporting Kit - English
<b>Appendix 4a:</b>	Driver's Accident Reporting Kit - Spanish
<b>Appendix 5:</b>	Management Guide for Determining Accident Preventability
<b>Appendix 6:</b>	Vehicle Safety Inspection Form
<b>Appendix 7:</b>	Vehicle Maintenance Inspection Form
<b>Appendix 8:</b>	Fleet Safety Policy Template
	Vehicle Use Policy
	Driver Distraction Policy

## Driving Position Supplement

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Driver's Licenses:

Number	State	Expiration

Traffic Violations in the Past Three Years:

Date	Location	Infraction

Crash History in the Past Three Years:

Date	Location	Details

Has the driver's license, permit or privilege to operate a motor vehicle ever been denied?

No \_\_\_\_ Yes \_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Has the driver's license, permit or privilege ever been suspended or revoked?

No \_\_\_\_ Yes \_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

*I certify that all information on this application is true and complete to the best of my knowledge and that any misrepresentation could be reason for dismissal or denying employment. I recognize that I will not be permitted to operate a company vehicle or drive on company business if a review of my driving record indicates an Unacceptable Record.*

Signature of driver/prospective driver: \_\_\_\_\_ Date: \_\_\_\_\_

## Motor Vehicle Report Consent and Information Form

I hereby provide written consent to \_\_\_\_\_ ("Company") to obtain motor vehicle record (MVR) information in connection with my application for employment and/or my continued employment with Company to confirm my eligibility or continued eligibility to drive Company vehicles (whether owned, leased, or rented), and/or to drive my personal vehicle while performing in the course and scope of my employment. This written consent shall also be valid for Company's insurance agent to obtain MVR information in connection for use in rating and/or underwriting insurance for the Company.

I understand and agree that Company may use an outside agency to research my motor vehicle and driving records and that the outside agency will provide an MVR report to Company. Under the provisions of all applicable federal, state and local laws, I hereby authorize and permit Company, without reservation, to obtain an MVR from any and all states in which I have held a driver's license. I agree that a copy or facsimile of this authorization shall be valid as the original. This authorization shall serve as an ongoing authorization for Company to obtain my MVR for lawful purposes at any time during my affiliation with Company unless revoked in writing.

Print Full Name \_\_\_\_\_

*Exactly as it appears on driver's license*

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

List all states in which you have been licensed in the last 5 years:

List corresponding license number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration Date of Current License (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received any moving violation(s) or been involved in any accident (including no-fault) within the past 7 years? [ ☐ ] Yes [ ☐ ] No

If "Yes", list and explain in full detail, giving applicable dates, exact nature of offense, etc. (for speeding tickets, provide details on MPH over posted limit). An offense may not disqualify you as a driver, but a false statement will.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Road Test

Driver's Name \_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_

Location \_\_\_\_\_ License No. \_\_\_\_\_

	Always	Occasionally	Never
Drives in center of lane	( )	( )	( )
Adjusts speed to conditions	( )	( )	( )
Reduces speed, if necessary	( )	( )	( )
Steers smoothly	( )	( )	( )
Looks right and left at intersection	( )	( )	( )
Looks behind before pulling from curb	( )	( )	( )
Checks sides and rear	( )	( )	( )
Anticipates others' actions	( )	( )	( )
Checks mirror regularly	( )	( )	( )
Yields to pedestrians	( )	( )	( )
Avoids being boxed in	( )	( )	( )
Avoids hard stops or turns	( )	( )	( )
Signals and takes proper lane for turning	( )	( )	( )
Taps horn to alert others	( )	( )	( )
Makes eye contact	( )	( )	( )
Signals before pulling from curb	( )	( )	( )
Maintains safe following distance	( )	( )	( )
Avoids blind spots	( )	( )	( )
Is alert to parked cars	( )	( )	( )
Allows adequate room to pass	( )	( )	( )
Performs visual inspection	( )	( )	( )
Fastens seat belts	( )	( )	( )
Avoids using phone and other distractions in traffic	( )	( )	( )
Adjusts mirrors	( )	( )	( )
Checks instruments	( )	( )	( )

Comments and action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. FCCI Insurance Group\* shall not be liable for any loss, death, damage or expense arising out of the use of the suggested loss control measures. FCCI Insurance Group\* makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have question or concerns regarding legal compliance please consult your legal adviser.

\*The FCCI Insurance Group includes the following insurance carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.

## Driver Information and Selection Checklist

Driver's Name \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

- ☐ Employment application completed and on file
- ☐ Interview completed
- ☐ Driving experience and qualifications listed, including dates
- ☐ Driving experience on file and attached
- ☐ Driving experience reviewed
- ☐ Background and prior employment check completed
- ☐ Physical examination complete – Acceptable / Not Acceptable / N/A
- ☐ Valid license? Yes \_\_\_ No \_\_\_
- ☐ MVR ordered (date) \_\_\_\_\_
- ☐ MVR reviewed (date) \_\_\_\_\_

Has the driver's license, permit or privilege to operate a motor vehicle ever been denied?

No \_\_\_ Yes \_\_\_ Why? \_\_\_\_\_

Has the driver's license, permit or privilege ever been suspended or revoked?

No \_\_\_ Yes \_\_\_ Why? \_\_\_\_\_

Prior three-year accident and traffic conviction review (include dates, causes and results):

---

---

---

List any additional driver information below or attach to a separate sheet:

---

---

---

Applicant recommended for hire?

Yes \_\_\_ No \_\_\_ If No, Why? \_\_\_\_\_

Applicant hire date \_\_\_\_\_

Reviewer's signature \_\_\_\_\_ Date \_\_\_\_\_

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\*The FCCI Insurance Group includes the following insurance carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.

## DRIVER'S ACCIDENT REPORTING KIT

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time: \_\_\_\_\_ ☐ A.M. ☐ P.M.

### DRIVER INFORMATION

Name (First, Middle, Last)			Address	
Telephone No.	Vehicle Year	Vehicle Make	Vehicle Model	VIN No. (Identification)
Description of Damage				
Any Passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list below:				
Name		Address		Telephone No.
Name		Address		Telephone No.
Name		Address		Telephone No.

### OTHER PARTY INFORMATION

Name (First, Middle, Last)			Address	
Telephone No.	Driver's License Number & State		Expiration	Date of Birth
Name of Insured				
Insurance Company or Agency			Policy Number	Policy Expiration Date
Vehicle Year	Vehicle Make	Vehicle Model	VIN No. (Identification)	
Description of Damage				
Any Passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list below:				
Name		Address		Telephone No.
Name		Address		Telephone No.
Name		Address		Telephone No.

### LOCATION OF ACCIDENT (Street Address and Intersection)

City		State	Zip
------	--	-------	-----

### POLICE INFORMATION

Police Agency: <input type="checkbox"/> Hwy Patrol <input type="checkbox"/> City PD <input type="checkbox"/> Sheriff's Office <input type="checkbox"/> Other (List):			
Case Number:	Anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ticket issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	To whom?

#### LOCATION

- ☐ Intersection ☐ Residential Road  
☐ Parking Lot ☐ Highway  
☐ Rural Road  
☐ Other:

#### ROAD

- ☐ Dry ☐ Under Repair  
☐ Wet ☐ Unpaved  
☐ Snow/Ice  
☐ Other:

#### WEATHER

- ☐ Clear ☐ Snowing  
☐ Raining ☐ Fog  
☐ Other:

#### LIGHT

- ☐ Day ☐ Street Light  
☐ Sunset ☐ Dawn  
☐ Dark  
☐ Other:

#### ACCIDENT SEVERITY: INSURED DRIVER

- ☐ No Injuries  
☐ Bruises, No Broken Bones  
☐ Broken Bones,  
Nonlife Threatening  
☐ Life Threatening  
☐ Death

#### CITATIONS:

- ☐ None ☐ Unknown  
☐ Ran Red Light  
☐ Illegal Turn  
☐ Reckless Driving  
☐ Fail To Yield  
☐ Speeding  
☐ Other:

#### ACCIDENT SEVERITY: OTHER DRIVER

- ☐ No Injuries  
☐ Bruises, No Broken Bones  
☐ Broken Bones,  
Nonlife Threatening  
☐ Life Threatening  
☐ Death

#### CITATIONS: OTHER DRIVER

- ☐ None ☐ Unknown  
☐ Ran Red Light  
☐ Illegal Turn  
☐ Reckless Driving  
☐ Fail To Yield  
☐ Speeding  
☐ Other:

Headlights on? Your Vehicle: ☐ Yes ☐ No Other Vehicle: ☐ Yes ☐ No

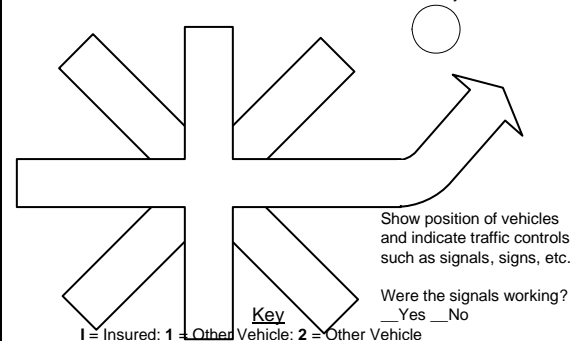
### ACCIDENT DESCRIPTION

Passenger/Witness Name		Telephone No. ( )
Address		
Passenger/Witness Name		Telephone No. ( )
Address		
Passenger/Witness Name		Telephone No. ( )
Address		

### ACCIDENT DIAGRAM

INDICATE ON THIS DIAGRAM WHAT HAPPENED:

Indicate north by an arrow



## **DRIVER'S ACCIDENT REPORTING KIT**

### **KEEP THIS IN YOUR VEHICLE FOR USE WHEN IN AN ACCIDENT**

#### **FIRST**

- Stop immediately and determine if there is damage to your vehicle or to another vehicle(s). If possible, avoid obstructing traffic.
- Place emergency flags or flares along the roadside preceding the accident site.
- Contact the appropriate medical personnel as soon as possible.
- Direct someone to contact the local law enforcement agency; or, if possible, call them yourself.
- Notify your employer of the accident as soon as possible.

#### **SECOND**

- Obtain: 1. Names, addresses, and phone numbers of drivers and occupants of the other car(s); 2. Names, addresses, and phone numbers of anyone injured; and, 3. Names, addresses, and phone numbers of any witnesses.
- Complete the enclosed Auto Accident Report Form promptly and submit it to your employer.
- If a camera is available, take photographs of: 1. The accident scene from your direction of travel; 2. The vehicle positions from a close up range; 3. The damaged area; 4. Skid marks, and 5. The other vehicle (include license plate).
- Employer should forward the Driver Report of Accident Form to their insurance agent.
- Promptly contact the FCCI Insurance Group\* Claims Center at **1-800-226-3224** and report the accident.

#### **THIRD**

Consider the use of an FCCI Insurance Group Freedom Select Repair Shop which can be located in Express Serve or through the handling claim adjuster.

#### **IMPORTANT**

- Do not make or give a statement to anyone except:  
1. A law enforcement officer; 2. A representative from your employer; and 3. A claims representative from FCCI Insurance Group
- Do not make any settlements with anyone, and do not argue about the accident or who is at fault for the accident.
- Do not offer to make any payments.
- If the accident involves an unattended vehicle or fixed object, take reasonable steps to locate and notify the owner. If the owner cannot be found, leave a notice in a conspicuous place on the vehicle or object, listing your name and address, the name of your employer, and the phone number for your employer.

It is important that all claims are reported to us **AT ONCE!**

**FCCI INSURANCE GROUP**  
**6300 UNIVERSITY PARKWAY**  
**SARASOTA, FL 34240-8424**  
**PHONE: 1-800-226-3224**  
**FAX: 1-800-226-2003**  
**[www.fcci-group.com](http://www.fcci-group.com)**

Every incident involving an automobile, regardless of the driver's or insured's assessment of fault, should be reported to FCCI Insurance Group with as complete information as possible including names, addresses, and phone numbers of all involved parties and witnesses.

### **SOME IMPORTANT THINGS TO REMEMBER WHEN REPORTING A CLAIM**

1. Complete the enclosed Auto Accident Report on all automobile claims.
2. Notify FCCI Insurance Group immediately if you are served with a legal summons or suit papers.
3. **DO NOT ADMIT FAULT OR SIGN ANYTHING EXCEPT A TRAFFIC CITATION** until you have consulted with FCCI Insurance Group.

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# INFORMACIÓN PARA REPORTAR ACCIDENTE DE CONDUCTOR

Fecha de Informe: \_\_\_\_\_  
 Fecha de Incidente: \_\_\_\_\_  
 Hora: \_\_\_\_\_ ☐ A.M. ☐ P.M.

## INFORMACIÓN DE CONDUCTOR

Nombre (Primero, Segundo, Apellido)		Dirección		
Teléfono	Año de vehículo	Marca de vehículo	Modelo de vehículo	# VIN (Identificación)
Descripción de daño				
¿ Hubo pasajeros? <input type="checkbox"/> Sí <input type="checkbox"/> No Si responde "Sí," indícalos abajo:				
Nombre		Dirección		Teléfono
Nombre		Dirección		Teléfono
Nombre		Dirección		Teléfono

## INFORMACIÓN DE LA OTRA PARTE

Nombre (Primero, Segundo, Apellido)		Dirección		
Teléfono	Número y Estado de la Licencia	Vencimiento	Fecha de nacimiento	
Nombre de asegurado				
Empresa aseguradora		Empresa aseguradora	Empresa aseguradora	
Año de vehículo	Marca de vehículo	Modelo de vehículo	# VIN (Identificación)	
Descripción de daño				
¿ Hubo pasajeros? <input type="checkbox"/> Sí <input type="checkbox"/> No Si responde "Sí," indícalos abajo:				
Nombre		Dirección		Teléfono
Nombre		Dirección		Teléfono
Nombre		Dirección		Teléfono

## UBICACIÓN DE ACCIDENTE (Dirección de calle e intersección)

Ciudad	Estado	Código Postal
--------	--------	---------------

## INFORMACIÓN POLICIAL

Agencia Policial: ☐ Patrulla vial ☐ Policía municipal ☐ Alguacil ☐ Otro (Indique): \_\_\_\_\_

Número de caso	¿ Lesionados? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿ Hubo multas? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿ A quién?
----------------	-----------------------------------------------------------------------	------------------------------------------------------------------------	------------

## UBICACIÓN

<input type="checkbox"/> Intersección <input type="checkbox"/> Vía residencial <input type="checkbox"/> Estacionamiento <input type="checkbox"/> Carretera <input type="checkbox"/> Carretera rural <input type="checkbox"/> Otro: _____	<b>CAMINO</b> <input type="checkbox"/> Seco <input type="checkbox"/> Bajo reparaciones <input type="checkbox"/> Mojado <input type="checkbox"/> Sin pavimentar <input type="checkbox"/> Nieve/Hielo <input type="checkbox"/> Otro: _____	<b>CLIMA</b> <input type="checkbox"/> Despejado <input type="checkbox"/> Nevando <input type="checkbox"/> Lluvioso <input type="checkbox"/> Niebla <input type="checkbox"/> Otro: _____	<b>LUZ</b> <input type="checkbox"/> Día <input type="checkbox"/> Iluminación de calle <input type="checkbox"/> Anochecer <input type="checkbox"/> Oscuro <input type="checkbox"/> Amanecer <input type="checkbox"/> Otro: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## GRAVEDAD DE ACCIDENTE: CONDUCTOR ASEGURADO

☐ No hubo lesiones  
☐ Moretones, sin huesos partidos  
☐ Huesos partidos, sin emergencia  
☐ Peligro para la vida  
☐ Muerte

## CITACIONES: CONDUCTOR ASEGURADO

☐ Ninguna ☐ Desconocido  
☐ Cruzó semáforo en rojo  
☐ Conducción temeraria  
☐ Giro prohibido  
☐ No cedió el paso  
☐ Exceso de velocidad  
☐ Otro: \_\_\_\_\_

## GRAVEDAD DE ACCIDENTE: OTRO CONDUCTOR

☐ No hubo lesiones  
☐ Moretones, sin huesos partidos  
☐ Huesos partidos, sin emergencia  
☐ Peligro para la vida  
☐ Muerte

## CITACIONES: OTRO CONDUCTOR

☐ Ninguna ☐ Desconocido  
☐ Cruzó semáforo en rojo  
☐ Conducción temeraria  
☐ Giro prohibido  
☐ No cedió el paso  
☐ Exceso de velocidad  
☐ Otro: \_\_\_\_\_

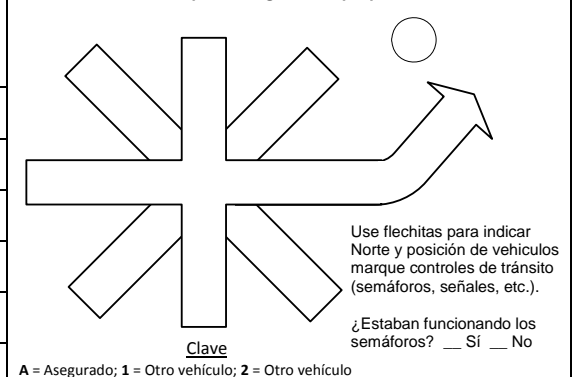
¿ Luces prendidas en... su vehículo? ☐ Sí ☐ No ... el otro vehículo? ☐ Sí ☐ No

## DESCRIPCIÓN DE ACCIDENTE

Nombre de pasajero/Testigo		Teléfono ( )
Dirección		
Nombre de pasajero/Testigo		Teléfono ( )
Dirección		
Nombre de pasajero/Testigo		Teléfono ( )
Dirección:		

## DIAGRAMA DE ACCIDENTE

Indique en diagrama lo que pasó.



Use flechitas para indicar Norte y posición de vehículos marque controles de tránsito (semáforos, señales, etc.).

¿ Estaban funcionando los semáforos? \_\_\_ Sí \_\_\_ No

Clave  
 A = Asegurado; 1 = Otro vehículo; 2 = Otro vehículo

## INFORMACIÓN PARA REPORTAR ACCIDENTE DE CONDUCTOR MANTENGA EN SU VEHÍCULO PARA CUANDO OCURRA ACCIDENTE

### PRIMERO

- Pare inmediatamente y determine si su vehículo u otros tienen daños. Si es posible, evite obstruir el tráfico.
- Ponga las banderas o bengalas de emergencia a lo largo de la vía, precedente al lugar del accidente.
- Contacte al personal médico adecuado lo más pronto posible.
- Indíquelo a alguien que contacte a la autoridad competente local, o, si es posible, llámelos usted mismo(a).
- Avísele a su empleador sobre el accidente lo más rápido posible.

### SEGUNDO

- Obtenga: 1. Nombres, direcciones y teléfonos de los conductores y ocupantes de los demás vehículos; 2. Nombres, direcciones y teléfonos de toda persona lesionada; y 3. Nombres, direcciones y teléfonos de todo testigo.
- Rellene el Formulario adjunto para Declaración de Accidente Automovilístico de inmediato y entrégueselo a su empleador.
- Si hay cámara disponible, tome fotos de: 1. la escena del accidente desde su trayectoria; 2. las posiciones de los vehículos tomadas de cerca; 3. el área del daño; 4. las marcas hechas por los neumáticos; y 5. el otro vehículo (incluya la placa de matrícula).
- El empleador debe enviarle al agente de seguros el Formulario para Declaración de Accidente Automovilístico.
- Contacte rápidamente al Centro de Reclamaciones de FCCI Insurance Group\* al **1-800-226-3224** e informe sobre el accidente.

### TERCERO

Considere el uso de un taller de reparación tipo *Freedom Select* recomendado por FCCI Insurance Group, el cual se encuentra en ExpressServe<sup>SM</sup> o mediante el ajustador encargado de su reclamación.

### IMPORTANTE

- No le dé declaraciones ni le diga nada a nadie excepto a:  
1. un oficial policial, 2. un representante de su empleador, o 3. un representante de reclamaciones de FCCI Insurance Group.
- No haga arreglos con nadie, no discuta acerca del accidente ni la culpabilidad del mismo.
- No ofrezca hacer ningún pago.
- Si el accidente implica a un vehículo desocupado o un objeto fijo, tome medidas razonables para localizar e informarle al dueño. Si éste no se encuentre, deje una nota en un lugar visible del vehículo u objeto que incluye su nombre y dirección, y el nombre y teléfono de su empleador.

¡Es importante informarnos de todas reclamaciones INMEDIATAMENTE!

**FCCI INSURANCE GROUP**  
**6300 UNIVERSITY PARKWAY**  
**SARASOTA, FL 34240-8424**  
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**FAX: 1-800-226-2003**  
**www.fcci-group.com**

Todo incidente que involucre un automóvil se le debe informar a FCCI Insurance Group con la mayor información posible, lo cual incluye nombres, direcciones y teléfonos de todas partes implicadas y testigos, sin que importe la culpabilidad de conductor o asegurado.

### ALGUNAS COSAS IMPORTANTES A RECORDAR CUANDO PRESENTE UNA RECLAMACIÓN

1. Rellene la Declaración de Accidente Automovilístico para todas las reclamaciones de auto.
2. Infórmele a FCCI Insurance Group inmediatamente si recibe una citación judicial o notificación de demandas.
3. **NO ADMITA CULPABILIDAD NI FIRME NADA EXCEPTO LA CITACIÓN DE TRÁFICO**, hasta que Ud. ha consultado con FCCI Insurance Group.

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\*FCCI Insurance Group incluye a las siguientes empresas aseguradoras: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company y National Trust Insurance Company.

# Management Guide for Determining Accident Preventability

## 1. Preventability and Defensive Driving

The concept of *preventability* is based on the belief that minimizing accidents and optimizing safe driving performance requires consistent adherence to defensive driving principles and techniques such as those taught by the National Safety Council.

Factors used in determining *preventability* do not include concepts such as fault or negligence, which typically have legal connotations. Instead, with legal considerations aside, determinations focus on using defensive driving ability to avoid accidents, in spite of the wrong actions of the other driver and in spite of adverse driving conditions.

## 2. Standard of Performance

Accidents involve so many different factors that it is impossible to set hard, fast rules to classify them as *preventable* or *non-preventable*. Management must make this determination. In making these decisions, management must take the time and effort to ensure consistency and impartiality. The following paragraphs are offered as a guide to assist with this process.

## 3. Intersections

Drivers must approach, enter and cross intersections prepared to avoid accidents that might occur through the action of other drivers. Complex traffic movement, blind intersections or failure of the other driver to conform to law or traffic control devices will not automatically discharge an accident as *non-preventable*. Intersection accidents are typically *preventable* even though a driver has not violated traffic regulations.

## 4. Backing

Practically all backing accidents are *preventable*. A driver is not relieved of responsibility to back safely even when someone guides the maneuver. Only the driver can control the movement of the vehicle; therefore, the driver must check all clearances through proper use of rear view mirrors and looking back.

## 5. Front-End Collisions

Regardless of the abrupt or unexpected stop of the vehicle ahead, a driver can avoid accidents by maintaining a safe following distance at all times. Even under ideal driving conditions, a driver should maintain a two-second following distance between his vehicle and the one ahead. A driver must also be prepared for possible obstructions on the highway, either in plain view or hidden by the crest of a hill or the curve of a roadway. Overdriving headlights at night is a common cause of front-end collisions. Night speed should not be greater than that which will permit the vehicle to come to a stop within the forward distance illuminated by the vehicle's headlights.

## 6. Rear-End Collisions

Investigation will often disclose that a driver risked being struck from behind by failing to maintain a margin of safety in his own following distance. Rear-end collisions preceded by a roll back, an abrupt stop at a grade crossing, when a traffic signal changes, or when a driver fails to signal a turn at an intersection are *preventable*. Failure to signal intentions or to slow down gradually should result in a determination of *preventable*.

## 7. Passing

Failure to pass safely suggests faulty judgment and the possible failure to consider one or more of the important factors a driver must observe before attempting the maneuver. Unusual actions of the driver being passed or of oncoming traffic might appear to exonerate a driver involved in a passing accident; however, the entire passing maneuver is voluntary and the driver's responsibility.

## 8. Being Passed

Sideswipes and cutoffs while being passed are *preventable*, if a driver fails to yield to the passing vehicle by slowing down or moving to the right where possible.

## 9. Lane Encroachment

A defensive driver is rarely a victim of entrapment by another driver when changing lanes. Similarly, entrapment in merging traffic is an indication of unwillingness to yield to other vehicles or to wait for a break in traffic.

Blind spots are not valid excuses for lane encroachment accidents. Drivers must make extra allowances to protect themselves in areas of limited sight distances.

Squeeze plays causing involvement with parked cars, pillars and other road structures can be avoided by dropping back when it is apparent that the other driver is forcing the issue or contesting a common portion of the road.

## 10. Grade Crossings

Collisions with fixed rail vehicles, such as trains, street cars, etc., occurring at grade crossings, in traffic, in a rail yard, switch area or on private property, are the responsibility of the defensive driver to avoid.

## 11. Opposing Vehicles

It is extremely important to closely examine the action of your driver when involved in a head-on or sideswipe accident with a vehicle approaching from the opposite direction. Exact location of vehicles, prior to and at the point of impact, must be carefully verified. Even though an opposing vehicle enters your driver's traffic lane, it may be possible for your driver to avoid the collision. For example, if the opposing vehicle was in a passing maneuver and your driver failed to slow down, stop or move to the right to allow the other vehicle to re-enter its own lane, your driver has failed to take appropriate action to avoid the occurrence. Failing to signal the opposing driver by flicking the headlights or sounding the horn should also be taken into account.

## 12. Turning

Turning movements, like passing maneuvers, require the most exacting care. Squeeze plays at left or right turns involving other vehicles, scooters, bicycles or pedestrians are the responsibility of the driver making the turn. Failure to signal, to properly position the vehicle for the turn, to check the rear view mirrors, to check pedestrian lanes or to take any other defensive action should be considered. U-turns by your driver that result in a collision are *preventable*.

## 13. Pedestrians

Traffic regulations and accident review findings generally favor the pedestrian hit by a moving vehicle. An unusual route of a pedestrian at mid-block or from between parked vehicles does not necessarily relieve a driver from taking precautions to avoid such accidents. Whether speed limits are posted or the area is placarded with warning signs, speed 'too fast for conditions' may be involved. School zones, residential streets and other areas with special pedestrian traffic must be traveled at reduced speeds appropriate to the particular situation. Bicycles, motor scooters and similar equipment are generally operated by young and inexperienced operators. The driver who fails to reduce speed when this type of equipment is operated within his sight distance has failed to take the necessary precautions to avoid an accident. Merely keeping within posted speed limits is not sufficient when unusual conditions call for further voluntary reduction of speed.

## 14. Weather

Adverse weather conditions are not a valid excuse for being involved in an accident. Rain, snow, fog, sleet or icy pavement have never caused an accident. These conditions merely increase the hazards of driving. Failure to adjust driving to the prevailing weather conditions, or to 'call it a day' when necessary, should be cause for deciding an accident *preventable*.

## 15. Alleys, Driveways and Plant Entrances

Accidents involving traffic originating from alleys, driveways, plant entrances and other special intersecting locations should be carefully analyzed to determine what measures a driver might have taken to avoid the occurrence. Failure to slow down, sound a warning or to yield to the other driver can be considered cause to judge such an accident *preventable*.

## 16. Fixed Objects

Collisions with fixed objects are *preventable*. They usually involve failure to check or properly judge clearances. New routes, strange delivery points, resurfaced pavements, inclined entrances and similar situations are not, in themselves, valid reasons for excusing a driver being involved.

## 17. Parking

Unconventional parking locations, including double parking, failure to put out warning devices, etc., generally constitute evidence for judging an accident *preventable*. Roll-away accidents from a parked position normally should be classified *preventable*. This includes those arising from unauthorized entry by others into an unlocked and unattended vehicle as well as failure to properly block wheels or to turn wheels toward the curb to prevent vehicle movement.

## 18. Mechanical Failure

Any accident caused by mechanical failure that reasonably could have been detected by the driver, but went unheeded, should be judged *preventable*. It is the driver's responsibility to correct unsafe vehicle conditions and to obtain immediate repairs where continued operation might result in an accident. When mechanical difficulties occur unexpectedly during a trip and a driver, upon discovery, fails to check with his company for emergency instructions prior to an accident, the accident is *preventable*.

An accident caused by mechanical failure that results from abusive driving should be considered *preventable*.

## 19. Non-Collision

Accidents such as overturning or running off the road may result from emergency action by the driver to prevent being involved in a collision. Examination of driving practice prior to the accident may reveal speed too fast for conditions or other errors indicating a lack of defensive driving.

## 20. Miscellaneous

If a driver is involved in an accident and is found to be in violation of any motor vehicle laws or regulations, the accident would be judged *preventable*.

It is impossible to describe in detail every way a driver might avoid an accident. This guide merely highlights common occurrences and provides perspectives for evaluating them. To further assist, the following standard of defensive driving should be applied to evaluate all accidents involving your drivers:

A defensive driver commits no driving errors and makes allowances for the lack of skill or improper driving practice of others. A defensive driver adjusts his or her own driving to compensate for unusual weather, road and traffic conditions and is not involved in an accident because of the unsafe actions of pedestrians or other drivers. By being alert to accident producing situations, a defensive driver recognizes the need for preventive action in advance and takes necessary precautions to avoid the accident. He or she knows when it is necessary to slow down, stop or yield to the right of way to avoid involvement.

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## Vehicle Safety Inspection Form

Make and Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle number \_\_\_\_\_ Trailer number \_\_\_\_\_

Driver \_\_\_\_\_ Date \_\_\_\_\_

Odometer reading \_\_\_\_\_

### Checklist:

- |                                                  |                                                          |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Engine oil              | <input type="checkbox"/> Headlights                      |
| <input type="checkbox"/> Power steering fluid    | <input type="checkbox"/> Taillights                      |
| <input type="checkbox"/> Battery water           | <input type="checkbox"/> Turn signals                    |
| <input type="checkbox"/> Auto transmission fluid | <input type="checkbox"/> Mirrors                         |
| <input type="checkbox"/> Hoses                   | <input type="checkbox"/> Glass                           |
| <input type="checkbox"/> Tire pressure           | <input type="checkbox"/> Brakes                          |
| <input type="checkbox"/> Tire tread              | <input type="checkbox"/> Trailer hitch                   |
| <input type="checkbox"/> Windshield washer fluid | <input type="checkbox"/> Windshield wipers               |
| <input type="checkbox"/> Spare tire              | <input type="checkbox"/> Cargo tie downs                 |
| <input type="checkbox"/> License plate           | <input type="checkbox"/> Fire extinguisher               |
| <input type="checkbox"/> First aid kit           | <input type="checkbox"/> Flare kit/emergency flag kit    |
| <input type="checkbox"/> Back up alarms          | <input type="checkbox"/> Seat belts                      |
| <input type="checkbox"/> Mud flaps               | <input type="checkbox"/> Driver's Accident Reporting Kit |
| <input type="checkbox"/> Other _____             |                                                          |

\_\_\_\_\_  
\_\_\_\_\_

Items requiring repair: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Driver's signature

NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. FCCI Insurance Group\* shall not be liable for any loss, death, damage or expense arising out of the use of the suggested loss control measures. FCCI Insurance Group\* makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have question or concerns regarding legal compliance please consult your legal adviser.

\*The FCCI Insurance Group includes the following insurance carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.

## Vehicle Maintenance Inspection Form

Driver's name \_\_\_\_\_ Date \_\_\_\_\_

VIN number \_\_\_\_\_ Odometer reading \_\_\_\_\_

Check all items that are in good working order. CIRCLE the items that need attention, then explain in the *Remarks* section below, and notify the appropriate employee to correct the item.

### Mechanical:

- |                                                  |                                              |
|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Engine oil              | <input type="checkbox"/> Defroster           |
| <input type="checkbox"/> Windshield washer fluid | <input type="checkbox"/> Foot brake          |
| <input type="checkbox"/> Power steering fluid    | <input type="checkbox"/> Air/Heat            |
| <input type="checkbox"/> Back up alarms          | <input type="checkbox"/> Park brake          |
| <input type="checkbox"/> Battery                 | <input type="checkbox"/> Radiator            |
| <input type="checkbox"/> Clutch                  | <input type="checkbox"/> Transmission fluid  |
| <input type="checkbox"/> Belts                   | <input type="checkbox"/> Hydraulic equipment |
| <input type="checkbox"/> Steering                | <input type="checkbox"/> Hoses               |
| <input type="checkbox"/> Other _____             |                                              |
| _____                                            |                                              |

### Interior:

- |                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Driver's Accident Reporting Kit | <input type="checkbox"/> Seat belts             |
| <input type="checkbox"/> First aid kit                   | <input type="checkbox"/> Interior lights/gauges |
| <input type="checkbox"/> Emergency equipment             | <input type="checkbox"/> Spare tire/jack        |
| <input type="checkbox"/> Rear view mirror                | <input type="checkbox"/> Horn                   |
| <input type="checkbox"/> Fire extinguisher               |                                                 |
| <input type="checkbox"/> Other _____                     |                                                 |
| _____                                                    |                                                 |

### Exterior:

- |                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Headlights    | <input type="checkbox"/> Hitches                    |
| <input type="checkbox"/> Mud flaps     | <input type="checkbox"/> Windshield wipers          |
| <input type="checkbox"/> Taillights    | <input type="checkbox"/> Tarpaulin                  |
| <input type="checkbox"/> Tire tread    | <input type="checkbox"/> Glass                      |
| <input type="checkbox"/> Tire pressure | <input type="checkbox"/> License plate/registration |
| <input type="checkbox"/> Turn signals  | <input type="checkbox"/> Mirrors                    |
| <input type="checkbox"/> Other _____   |                                                     |
| _____                                  |                                                     |

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver's signature** \_\_\_\_\_

**Date corrected:** \_\_\_\_\_

**Mechanic's remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mechanic's signature** \_\_\_\_\_

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# Fleet Safety Policy

## I. Mission Statement

The management of \_\_\_\_\_ believes that:  
(Name of Company)

- The safety and well-being of all company employees is important.
- Safety takes precedence over expediency.
- Accident prevention is the responsibility of both management and employees. Together, we can reduce the injuries, suffering and expense due to accidents.

For these reasons, the company has developed a fleet safety program that requires the full cooperation of both employees and managers.

Employees:

- Are required and expected to carry out their individual responsibilities as outlined in this program.
- Will comply with all applicable federal, state and local laws and ordinances.

Managers:

- Are responsible for implementing and following the policies and procedures as outlined in this program.
- Will comply with all applicable federal, state and local laws and ordinances.

**Warning!** Failure to comply with these safety policies and procedures could subject employees and/or managers to disciplinary action which may include termination.

\_\_\_\_\_  
Chairman & Chief Executive Officer

\_\_\_\_\_  
Fleet Manager

## II. Driver Hiring and Screening

Statistics demonstrate that the vast majority of motor vehicle accidents are preventable therefore \_\_\_\_\_  
(Name of Company)  
\_\_\_\_\_ is committed to screening and evaluating prospective employees and  
(Name of Company)  
current employees before assignment to a driving position with this company. \_\_\_\_\_  
(Name of Person)

is responsible for oversight of our driver screening procedures. Our methods will include:

- Review of employment application, driver supplement and completion of Driver Information and Selection Checklist
- Verification of valid driver's license
- Documented Road Test
- Documented Motor Vehicle Record (MVR) review at hire and annually for anyone who may drive a vehicle for company business. MVR check will include at least three years of driving history.

Drivers who possess an unacceptable driving record will not be permitted to operate a motor vehicle for company business purposes. The following criteria will be utilized when reviewing MVRs:

### "Unacceptable" Driving Record

A driver with major violations within the last three years, including:

- Violating the open container law (driver or passenger)
- Reckless driving
- Failure to yield to emergency vehicles
- Three or more moving violations within the last three years (including at-fault accidents whether cited with a violation or not)
- An out-of-state license more than 60 days past the request to acquire an in-state license
- Vehicular homicide or other felony
- Passing a school bus
- Leaving the scene of an accident
- Driving under suspension
- Driving under the influence of alcohol or drugs
- Less than three years' driving experience

### "Marginal" Driving Record

A driver who has one or more serious violations in the past three years, such as:

- Excessive speeding (15 mph or more over the speed limit in any speed zone)
- Careless driving, creating an accident
- Driving with two moving violations within the past 36 months

A driver whose driving record reflects possible poor driving habits, such as:

- Several not-at-fault accidents
- Several minor traffic infractions
- License at one time suspended for minor infractions

## III. Driver Supervision and Training

\_\_\_\_\_ is committed to safe operation of motor vehicles  
(Name of Company)

for our business activities on a continuing basis. Therefore we will utilize the following:

- Employee review and acknowledgement of our Vehicle Use Policy (see attached)
- Employee review and acknowledgement of our Distracted Driving Policy (see attached)
- Periodic documented driver safety training meetings (at least 2x/year)
- Revocation of driving responsibility and privilege for anyone with an unacceptable MVR
- Mandatory defensive driver training in the event of an at-fault or preventable crash
- GPS telematics on company vehicles to provide management with real time information on vehicle operation

\_\_\_\_\_ is responsible for overall supervision of company drivers.  
(Name of Person)

#### IV. Non-Owned Vehicles

An employee driving a personal vehicle for company business also poses certain risks for the company and others. Therefore, \_\_\_\_\_ requires the following from those employees:

\_\_\_\_\_  
(Name of Company)

- Provide a copy of your valid driver license
- Be included on our insurance driver list
- Authorize the company to perform regular MVR check on your driving record
- Participate in company driver training initiatives
- Maintain personal automobile liability insurance limits acceptable to the company and provide a copy of your declaration page at each renewal

#### V. Accident Procedures and Investigation

If you are involved in an accident, follow the steps outlined in the [Driver's Accident Reporting Kit](#):

- Stop immediately and determine if there is damage to any vehicle; avoid obstructing traffic, if possible
- Place emergency flags or flares along the road preceding the accident site
- Contact emergency responders immediately if there are any injuries
- Call the police
- Call your employer
- Document details of the accident utilizing the reporting kit as soon as possible
- Supervisor will respond to the scene, if possible

\_\_\_\_\_ and/or the Safety Committee will review the details of the  
\_\_\_\_\_  
(Name of Person)  
accident utilizing the following to determine preventability and root cause:

- Accident Reporting Kit
- Police Report
- Employee Interviews
- Management Guide for Determining Accident Preventability

#### VI. Vehicle Maintenance and Inspection

\_\_\_\_\_ recognizes that there are many benefits to a  
\_\_\_\_\_  
(Name of Company)  
well-maintained fleet of vehicles. Some of these benefits are:

- Enhanced business reputation by keeping vehicles clean and presentable
- Cost savings and longevity of fleet by performing preventive maintenance at manufacturer recommended intervals
- Improved employee morale from driving clean and reliable vehicles
- Reduced potential for accidents due to a maintenance issue

We require the following procedures to keep a well maintained fleet:

- Daily walk around and visual inspection by each driver prior to start of work
- Daily documented post trip inspection for heavy vehicles
- Monthly documented vehicle inspection of standard vehicles
- Immediate notification to supervisor or fleet manager of any safety issue or repair need
- Maintain a documented service and repair history for each fleet vehicle

## Vehicle Use Policy Agreement

I, the undersigned individual agree that, upon assuming the position of \_\_\_\_\_ with \_\_\_\_\_ (hereinafter referred to as the "Company"), as appropriate, effective as of the date below, I will be allowed to use a Company vehicle to perform my job duties. As such, the vehicle is a tool related to the performance of specific jobs and is never to be considered a part of compensation. Therefore, should I be transferred or promoted in the future to a position within the Company for which a vehicle is not deemed an appropriate or necessary tool, I will cease to have the use of any such Company vehicle.

**I agree to abide by the following when a Company vehicle is in my care, custody or control:**

1. I will use the Company vehicle only for Company business and never for personal use unless specifically authorized, in writing, by my supervisor or other Company personnel having authority to authorize such use.
2. If personal use of the Company vehicle is specifically authorized, only I will drive the vehicle.
3. I will practice sound defensive driving techniques and otherwise exercise reasonable care in the operation of the Company vehicle.
4. When used for company business, only company employees or other persons being transported for business purposes will be allowed to ride in or enter the Company vehicle, and only other authorized company personnel will be permitted to drive it.
5. I will not drive the Company vehicle while consuming alcoholic beverages or other drugs or while under the influence of alcohol or other drugs, nor will I allow anyone else to do so.
6. I understand that violation of this Vehicle Use Policy Agreement may result in disciplinary action up to and including termination of my employment.
7. I will obey all traffic laws, ordinances, and regulations pertaining to the operation of motor vehicles. I will pay any fines, parking tickets, or other assessments for violations of traffic laws, ordinances, or regulations imposed on me. I acknowledge fines paid by me for any violations of such motor vehicle laws, ordinances, or regulations are totally my responsibility and will not be reimbursed by the Company.
8. I will wear a seat belt at all times and will require all passengers to do so as well.
9. Prior to driving the Company vehicle, I will check tires, lights, wipers, horn, turn signals, rear view mirrors, and brakes to be sure they appear to be in safe operating condition. If defects are noted, I will promptly report and/or have them repaired as appropriate.
10. In the event of an accident, I will promptly comply with the Company automobile accident reporting procedures.
11. I understand that if I am involved in an accident with a Company vehicle and the Company's insurance carrier assumes responsibility for payment of resulting claims, I may be required to attend a defensive driving training course.
12. **I am aware that the Company's automobile insurance DOES NOT cover me when I am driving a non-company car for personal use, it only insures the Company vehicles. I understand that if I do not have my own personal auto policy, it is very important that I contact my insurance agent to purchase Named Non-owner automobile insurance to cover me when driving other automobiles (e.g., rental cars).**

These policies have been fully explained to me and I understand the contents of the Company Vehicle Use Policy Agreement. I am aware that the failure to abide by these policies will result in disciplinary action, up to and including termination of my employment with the Company.

By \_\_\_\_\_ Date \_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Print Employee Name*

*For Office Use Only:*

*Date Approved* \_\_\_\_/\_\_\_\_/\_\_\_\_ *Reviewed By* \_\_\_\_\_

## Driver Distraction Policy

\_\_\_\_\_ recognizes that distracted driving is a growing  
(Name of Company)

problem and we are committed to minimizing this hazard. Distracted driving includes any non-driving activity a person engages in while driving that has the potential to distract him/her from the primary task of driving. Such activities include, but are not limited to, talking on a cell phone; texting; eating and drinking; using a smartphone, tablet or GPS device; reading email; watching a video; changing a radio station, CD or MP3 player; etc.

Distractions may cause any one or a combination of the following sensory deficits:

**Visual** – taking your eyes off the road

**Manual** – taking your hands off the steering wheel

**Cognitive** – taking your mind off what you are doing

Distracted driving can result in injury, death or significant property damages.

Distracted driving can also lead to litigation if it is determined that an accident/incident was a result of cell phone use, texting, etc. Plaintiff attorneys may subpoena cell phone records to implicate both the employee and employer and seek major damage awards.

Statistics clearly show that distracted driving is dangerous and unacceptable. Distracted driving incidents are preventable.

Employees of \_\_\_\_\_ will adhere to the following policies:  
(Name of Company)

- Cell phones are not to be used while driving for company business.
- Company issued cell phones are not to be used while driving any vehicle.
- Pull over in a safe place if you need to make a call.
- Absolutely no texting, emailing or browsing on a device is allowed while driving.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_