

CrimeSHIELD Policy TRUCKING FIRM QUESTIONNAIRE



NAME OF INSURED:	_____
ADDRESS:	_____
DATE:	_____

1.	What commodities does this company haul? _____		
2.	Does the company screen drivers? (i.e. background checks, drug testing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do the drivers collect money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	If Yes, must all money collected by drivers be remitted back to the corporate business location daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	What remittance procedures are in place in order to provide an accurate accounting of funds collected and goods delivered by drivers? _____		
6.	Are the driver's actual employees or independent contractors? <input type="checkbox"/> Employees – How many? _____ <input type="checkbox"/> Independent Contractors – How many? _____		
7.	If the drivers are independent contractors, does the insured want them covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do the independent contractors work exclusively for the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do the independent contractors go through the same screening process as employee drivers and subject to the same internal controls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Completed by _____

Title _____