



ACE INA Insurance

Loss Control Engineering Services Fleet Survey

Please note: Certain questions in this survey may not be applicable to this type of fleet

Name of Insured:	Broker:	Policy No.
Address:		Postal Code:
Location Inspected:		Date Inspected:

Contact: (A) Title (A)

Contact: (B) Title (B)

Number of Years in Business?

1) GENERAL INFORMATION:

Type of Fleet: Common Carrier Private Fleet - For Hire - Not For Hire

Contract Carrier Construction / Contractor Specialty Hauler Oilfield Operation

Taxi Fleet School Bus Operation Charter & Tour Bus Operation Passenger Bus Fleet

Number of Vehicles: # of Power Units ___ # of Trailers ___

2) OPERATIONS:

3) RADIUS: Multiple Locations various radius N/A

0 - 100 Miles (160 km) % 300 - 500 Miles (800 km) % CANADA. %

100 - 300 Miles (480 km) % Over - 500 Miles (800 km) % U.S.A %

State Percentage & Areas Serviced in Canada

4) Commodities Carried and Percentage:

Dangerous Goods: Yes No

Mail Documents % _____ _____ % _____ _____ %

Tires % _____ _____ % _____ _____ %

Medical Samples % _____ _____ % _____ _____ %

If Dangerous Goods are carried, are Proper Training & Controls in Place? Yes No

P.I.N. NUMBERS:

Type Of Truck/Trailer Used?

Amount of Loads Per Month?

5) **DRIVERS:** N/A # of Company Drivers _____ # of Owner Operators _____

Previous Employer Checked On Applicants: Yes No

Accident & Safety Record: Yes No

Type of Equipment Driven: Yes No

A) Acceptable Driver Turnover for Type of Operation? % Yes No

B) Amt. of Experience Required Prior To Being Hired:

C) New Applicants Evaluated on Their Knowledge in Transportation Regulatory Matters?

Yes No N/A

D) Max. Demerits on Abstract Acceptable Prior to Hiring?

E) Drivers Abstract Obtained, Current and Original? Yes No

F) Company Policy In Place Concerning Drivers Who Have unacceptable Drivers Abstracts? Yes No

G) Signed Statement by Driver Notifying Company of Any Changes to their Drivers License status? Yes No

H) Road Test Conducted: Yes No

I) Who Conducts Test? Person Qualified? Yes No

J) Length of Road Test? _

K) Driver Given Test Type of Equipment That He / She Will Be Required To Drive? Yes No

N/A

L. New Drivers Receive Orientation? Yes No If Yes (Explain) _

M. Drivers Tested / Trained On Proper Load Securement Techniques: Yes No N/A

N. Probationary Period for New Drivers: Yes No

O. Post Probationary Review Conducted: Yes No

P. If Brokers Are Used Are Same Hiring Practices Conducted As Above: Yes No N/A

Q. Brokers Contract & Agreement in Place: Yes No N/A

R. Rules Establishing Accident Controls Stated in Broker's Contract? Yes No N/A

Recommendations to be Made in Drivers Section: Yes No

Wages:

1) Annual Earnings for Company Drivers: _ Brokers:

2) Wages Adequate For This Type of Operation: Yes No

6) **DRIVER CONTROLS:**

- A) Written Rules: Yes No ---- Signed Receipt for Written Rules? Yes No
- B) Unionized: Yes No ---- If Yes Name of Union? _____
- C) Tachographs: Yes No Engines Speed Governor? Yes No
If Yes _____
- D) On Board Computers: Yes No Satellite Tracking System? Yes No
- E) Log Book Used Yes No N/A
- F) Log Books Monitored By: _____
- G) Driver Warned of Any Log Book Infractions & Copy of Warning Letter Placed in Driver's Files? Yes No
N/A
- H) Annual Review of Drivers Records for Reprimands, Accidents & Carrier Profile Violation? Yes No
N/A
- I) Drivers Who Haul Into the U.S. Carry A Copy Of U.S. Federal Motor Carrier Regulations? Yes No
N/A
- J) C.V.O.R. / Carrier Profile Obtained every six(6) months Yes No N/A

Recommendations to be made in Driver Controls Section: Yes No

7) **SAFETY PROGRAMS:**

- A) Associate Members: Yes No If Yes Name: _____
- B) Safety Meeting: Yes No If Yes Held Every: _____
- C) Minutes Recorded: Yes No
- D) If Driver is Unable to Attend (Explain): _____
- E) Safety Incentives: Yes No If Yes (Explain) _____
- F) Adequate Safety Programs in Place for Type of Operation: Yes No

Recommendations to be made in Safety Programs Section: Yes No

8) **ACCIDENT CONTROLS:**

- A) Vehicles Equipped With Accident Report Forms Or Kits? Yes No
- B) Accidents Reviewed to Determine if Preventable: Yes No
- C) Drivers Have Disposable Camera To Take Photos At Accident Scene Or Of Cargo Damage? Yes No
- D) Accident Register Which Detects Patterns among Drivers, Vehicles or Conditions? Yes No
- E) Remedial Notice for Preventable Accident/Incident Placed in Driver's File? Yes No
- F) Retraining / Re-testing of Drivers after Accidents? Yes No

Recommendations to be made in Accident Controls Section: Yes No

9) **MAINTENANCE:**

Insured Has Own Maintenance Facilities: Yes No N/A

- A) Shop is a Government Approved Safety Inspection Facility? Yes No N/A
- B) Maintenance Conducted. Minor Major N/A
- C) Number of Licensed Mechanics? .
- D) Is a Planned Preventive Maintenance Program in Place? Yes No If Yes (Explain)
- E) Damaged Rear Under-Ride Guards Repaired At Trailer Dealer or Authorized Shops? Yes No N/A
- F) Reefer Units Have an Adequate (In Hours of Service) Maintenance Schedule? Yes No N/A
- G) Trip Inspection Reports and Evidence of Repairs Recorded? Yes No N/A
- H) Vehicle Manufacture's Defect Notices as well as Corrections Kept on File? Yes No N/A
- I) Copies Of All C.V.S.A. Roadside Inspections Kept on File? Yes No N/A
- J) Adequate Maintenance Records Being Kept on Company Vehicles? Yes No N/A
- K) Records Kept on File of Broker Repairs, Maintenance & Safety Inspections Done? Yes No N/A

Recommendations to be made in Safety Programs Section: Yes No

10) **BRAKES / TIRES & RIMS / STEERING:**

- A) Brake Linings Inspection & Replacement Program Comply With C.V.S.A. Standards? Yes No N/A
- B) Any units equipped with long stroke clamp type chamber? Yes No N/A
- C) Automatic Slack Adjusters Used? Yes No N/A
- D) Drivers Aware of Correct Procedure in Making an Emergency Adjustment on Automatic Slacks? Yes No N/A
- E) Push Rod Travel & Adjustments Made, Recorded? Yes No N/A
- F) Automatic Drain Valves on Reservoirs Manually Drained at the End of Day? Yes No N/A
- G) Release Valves & Brake Lag Test Conducted for Response Times? Yes No N/A
- H) Steering and Drive Tires Comply with C.V.S.A. Minimum Tread Standards? Yes No N/A
- I) Driver Instructed on Proper Installation & Torque Lb. Applied to Various Types of Rims? Yes No N/A
- J) Drivers Aware of C.V.S.A. Guidelines on Free Play Movement on Steering Wheel Diameters? Yes No N/A

11) **UPPER & LOWER COUPLER ASSEMBLY:**

- A) Mounting Plates/Pivot Brackets/Sliders Inspected for Ineffective or Missing Fasteners? Yes No N/A
- B) Kingpin inspected & measured for wear? Yes No N/A
- Maintenance & Repairs Done At Facility Conducted Under Safe Working Conditions? Yes No N/A
 - No. of Years Before Replacing Tractors/Truck: ___ For Trailers: ___
 - Condition of Fleet Equipment Adequate? Yes No

12) **YARD & STORAGE:**

- A) Fuel Pumps Adequately Protected: Yes No N/A
- B) Maximum Estimated Concentration of Trucks/Trailers in Shop _
- C) Properly & Adequately Protected: Yes No N/A
- D) If NO State Deficiencies _____

13) **SUMMARY:**

DRIVERS

Files Kept In Accordance to National Safety Code Standards:

Yes No N/A

Files Kept In Accordance to U.S.F.M.C. Safety Regulations:

Yes No N/A

Adequate Hiring & Training Practices in Place

Yes No

Adequate Driver Controls in Place

Yes No

Adequate Driver Safety Programs in Place (Some improvement needed)

Yes No

Adequate Accident Controls in Place

Yes No

VEHICLES

Maintenance Files Kept In Accordance to N.S.C. Standards:

Yes No N/A

C.V.O.R.

Carrier Profile Reviewed At time of visit & Inspection.

Yes No N/A

SAFETY RATED:

Excellent_ - 10

Adequate safety standards– 9 8 7 6

Adequate upon implementation of recommendations made @ time of inspection 5 4 3 2

Poor not acceptable 1

RECOMMENDATIONS :

YES NO

Comments:

Consultant: _____

Client & Address**Name of Account:****Date of Survey:****Fleet Recommendations**

The purpose of this report is to assist you in your fleet loss control efforts. It does not imply that no other hazardous conditions exist. The liability of 'ACE INA Insurance' underwriting this risk will be limited by the amount, items and conditions of the policy. No liability will be assumed by virtue of this advisory report.

ESSENTIAL RECOMMENDATIONS**GENERAL RECOMMENDATIONS**

Client & Address

Photographs

Photograph No. 1

Photograph No. 2