

# Heavy Motor Risk Management Questionnaire

## Business Details

Business and trading name \_\_\_\_\_

Previous trading names (if applicable) \_\_\_\_\_

Main depot address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Address of other depots (if applicable) \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Business description \_\_\_\_\_

Company website address \_\_\_\_\_

Owner/Director names \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current insurer \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Holding intermediary \_\_\_\_\_

Has insurance ever been declined or cancelled? Yes  No

Supply a schedule of vehicles to be covered

## 1. Business Management

1.1 Number of years in business

1.2 Number of years as a transport operator

1.3 Number of office/management staff

1.4 Turnover of office/management staff in last 12 months

1.5 Number of permanent drivers

1.6 Number of contracted drivers

1.7 Do you have a dedicated Risk Manager?  
 If so, provide name \_\_\_\_\_

1.8 Detail any programs, schemes, memberships to associations your business is currently accredited in.

1.8.1 Maintenance Management Yes  No

1.8.2 Mass Management Yes  No

1.8.3 TFMS (Transitional Fatigue Management Scheme) Yes  No

1.8.4 TruckSafe Yes  No

1.8.5 If others, please provide details \_\_\_\_\_  
 \_\_\_\_\_

1.9 List any industry related associations you are currently a member of  
 \_\_\_\_\_  
 \_\_\_\_\_

1.10 Are directors, management and staff aware of their obligations under the 'Chain Responsibility' legislation? Yes  No

## 2. Freight Task

2.1 What type(s) of freight do you carry and what is the percentage of each?  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

2.2 What is the radius of operation from your depot(s)?  kms

2.3 What is the maximum distance travelled per trip?  kms

2.4 What are the main destinations of your vehicles? Where to where.  
 To: \_\_\_\_\_ From: \_\_\_\_\_ %  
 To: \_\_\_\_\_ From: \_\_\_\_\_ %  
 To: \_\_\_\_\_ From: \_\_\_\_\_ %  
 To: \_\_\_\_\_ From: \_\_\_\_\_ %  
 To: \_\_\_\_\_ From: \_\_\_\_\_ %

2.5 What is the average **weekly** kilometres for the following vehicle type:

2.5.1 Rigid trucks  kms

2.5.2 Semi trailers  kms

2.5.3 B-Doubles  kms

2.5.4 Other  kms

2.6 Please list the major customers that you work for and the percentage of revenue that they generate, to the overall business.  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

2.7 What percentage of the freight is:  
 2.7.1 Your own freight \_\_\_\_\_ %

2.8 Nominate the companies you sub-contract for, their freight type, and their percentage of your work.  
 Company \_\_\_\_\_ Freight type \_\_\_\_\_ %  
 Company \_\_\_\_\_ Freight type \_\_\_\_\_ %  
 Company \_\_\_\_\_ Freight type \_\_\_\_\_ %

2.9 What percentage of your work involves  
 2.9.1 Next day delivery \_\_\_\_\_ %  
 2.9.2 Time sensitive freight \_\_\_\_\_ %  
 2.9.3 Overnight express freight \_\_\_\_\_ %  
 2.9.4 Time slotted freight \_\_\_\_\_ %

2.10 Do you carry any Dangerous Goods? Yes  No

If yes, please also complete the 'Dangerous Goods Specific Questionnaire'

### 3. Training and Operating Policies

- 3.1 Do you have a dedicated OH&S Manager?  
If so, provide name \_\_\_\_\_
- 3.2 Does your company have a current OH&S policy displayed in the workplace? Yes  No
- 3.3 Does your company have a policy and procedures manual? Yes  No
- 3.4 Does your company have a formal driver's manual outlining company policy and procedures? Yes  No
- 3.4.1 **If yes, please provide a copy of your manuals.**
- 3.5 What training (internal & external) do you provide to your drivers and transport staff?
- 3.5.1 Load restraint systems Yes  No
- 3.5.2 Fatigue management Yes  No
- 3.5.3 Defensive driving Yes  No
- 3.5.4 Bulk Dangerous Goods Licence Yes  No
- 3.5.5 What to do if an accident occurs Yes  No
- 3.5.6 How to use a fire extinguisher Yes  No
- 3.5.7 Provide any other training details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3.6 Who is your external training provider? (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_
- 3.6.1 What training has your external provider specifically provided within the last 12 months? If so, provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 3.7 Are drivers trained in the correct procedures when an accident occurs? Yes  No
- 3.8 Are drivers and loaders (permanent and casual) trained in load restraint requirements? Yes  No
- 3.9 Do you keep written records for all employees training which includes a signature from the employee verifying the training occurred? Yes  No

### 4. Vehicle Management & Systems

- 4.1 Do you use tow operators to pull company trailers? Yes  No
- 4.1.1 If yes, provide tow operator details? \_\_\_\_\_  
\_\_\_\_\_
- 4.2 Is each of your vehicles equipped with:
- 4.2.1 A disposable camera Yes  No
- 4.2.2 Accident procedures Yes  No
- 4.2.3 Fire extinguishers Yes  No
- 4.2.4 First aid kit Yes  No
- 4.2.5 A load restraints guide Yes  No
- 4.2.6 A vertical clearance guide Yes  No
- 4.2.7 A company route guide Yes  No
- 4.2.8 A company procedures guide Yes  No
- 4.3 Are speed limiters fitted to vehicles built before 1991? Yes  No  N/A

- 4.4 For other speed limited vehicles, what is the limit set at (km/h)? \_\_\_\_\_
- 4.5 Are vehicles fitted with working cruise control? Yes  No
- 4.6 Have any vehicles been detected by the RTA's Safe-T-Cam systems for:
- 4.6.1 Excessive speed Yes  No
- 4.6.2 Excessive driving hours Yes  No
- 4.6.3 Lights out Yes  No
- 4.6.4 Attempted camera avoidance Yes  No
- 4.6.5 If yes to any of these, what action have you taken?  
\_\_\_\_\_  
\_\_\_\_\_
- 4.7 Have any of your vehicles been issued with a notice relating to the 'three strikes' scheme in NSW? Yes  No
- 4.7.1 If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_
- 4.8 Do your vehicles have onboard monitoring systems, including satellite-tracking systems? Yes  No
- 4.8.1 Are these systems used to measure driver performance? Yes  No
- 4.8.2 If yes, how often are these downloaded? \_\_\_\_\_
- 4.9 Do drivers take trucks home at any stage? Yes  No
- 4.10 Are vehicles dedicated to particular drivers full-time? Yes  No
- 4.11 How often do you replace your vehicles?  
Please provide details \_\_\_\_\_  
\_\_\_\_\_
- 4.12 Do you have any vehicles that operate 24 hours per day? Yes  No
- 4.12.1 If yes, please provide details (ie registration numbers and vehicle type)  
\_\_\_\_\_
- 4.13 What security measures are employed to protect your vehicles whilst in the depot after hours?
- 4.13.1 Security lighting Yes  No
- 4.13.2 Regular security patrols Yes  No
- 4.13.3 Vehicles parked inside alarmed building Yes  No
- 4.13.4 Vehicle keys locked in safe Yes  No
- 4.13.5 Immobilisers fitted to trucks / prime movers Yes  No
- 4.13.6 Vehicle tracking system Yes  No
- 4.13.7 If other, please provide details \_\_\_\_\_  
\_\_\_\_\_
- 4.14 Which method do you use to report vehicle faults and defects?
- 4.14.1 Verbal instructions to mechanic
- 4.14.2 Fault report book in truck
- 4.14.3 On driver's trip sheet
- 4.14.4 If other, please provide details \_\_\_\_\_  
\_\_\_\_\_
- 4.15 Are your vehicles inspected yearly for roadworthiness? Yes  No

- 4.16 Are records kept for vehicle maintenance? Yes  No
- 4.16.1 If yes, how are these kept? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4.17 Do you have a system in place that details what maintenance is to be carried out at specific intervals? Yes  No
- 4.18 Who provides your service requirements?
- 4.18.1 Own company workshop mechanic(s) Yes  No
- 4.18.2 Vehicle 'manufacturer authorised' workshop Yes  No
- 4.18.3 External workshop/service provider Yes  No
- 4.19 Are prime mover turntables and trailer kingpins inspected as part of regular service schedules? Yes  No
- 4.20 Do your vehicles display driver conduct signage? ie. My driving conduct is on display, call (company phone #) for comments. Yes  No
- 4.21 Are your vehicles easily identifiable by company signage? Yes  No

## 5. Driver Management

- 5.1 Briefly describe your driver induction process  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5.2 Do you conduct any form of psychological assessment on drivers? Yes  No
- 5.2.1 If yes, what type of test and who is your service provider?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5.3 Are drivers required to take a full medical check-up? Yes  No
- 5.3.1 Does the medical check include checks for:
- 5.3.2 Sleeping disorders? Yes  No
- 5.3.3 Drug use? Yes  No
- 5.3.4 How often is this required? \_\_\_\_\_
- 5.4 When a new driver starts, do they work with another driver first before going out on their own? Yes  No
- 5.4.1 If yes, for how long? \_\_\_\_\_
- 5.5 How often do you conduct driver licence checks? \_\_\_\_\_
- 5.6 Do you keep a copy of the licence on file? Yes  No
- 5.7 Are you aware of the Heavy Vehicle Licence Enquiry System (HVLES) where transport operators in NSW can check the licence of drivers who have provided written permission? Yes  No  N/A
- 5.7.1 If so, do you use the system? Yes  No
- 5.8 Do you conduct reference checks with previous employers? Yes  No

- 5.10 How many drivers do you employ? Number of Permanent drivers Permanent driver turnover in last 12 Months
- 5.10.1 Long haul (if applicable)
- 5.10.2 Local (if applicable)
- 5.11 How many casual and contract drivers are in your current workforce?  
 \_\_\_\_\_
- 5.11.1 How often are they employed? \_\_\_\_\_
- 5.12 How many drivers under 25 are in your current workforce? \_\_\_\_\_
- 5.12.1 What vehicles are they driving? Provide rego number(s) \_\_\_\_\_  
 \_\_\_\_\_
- 5.13 How many drivers without two years practical experience are in your current workforce? \_\_\_\_\_
- 5.13.1 What vehicles are they driving? Provide rego number(s) \_\_\_\_\_  
 \_\_\_\_\_
- 5.14 Are your drivers supplied with any of the following equipment:
- 5.14.1 Company uniform Yes  No  N/A
- 5.14.2 Safety boots Yes  No  N/A
- 5.14.5 Hard hats Yes  No  N/A
- 5.14.6 Sunscreen Yes  No  N/A
- 5.14.7 High visibility vests Yes  No  N/A
- 5.14.8 Work or protective gloves Yes  No  N/A
- 5.14.9 If other, please provide details \_\_\_\_\_  
 \_\_\_\_\_

## 6. Fatigue Management

- 6.1 Are drivers and staff trained in recognising the signs and symptoms of driver fatigue and how to reduce it? Yes  No
- 6.2 What facilities are provided for your drivers at your depot:
- 6.2.1 Air conditioning Yes  No
- 6.2.2 Sound proof sleeping facilities Yes  No
- 6.2.3 Darkened rooms Yes  No
- 6.2.4 Cooking facilities Yes  No
- 6.2.5 Cleaning and washing facilities Yes  No
- 6.2.6 Are these facilities available at your other depots Yes  No
- 6.3. Do you use 'day cabs' (non-sleeper) on any long haul work? Yes  No  N/A
- 6.3.1 Are cabins fitted with air conditioning or ice packs Yes  No  N/A
- 6.3.2 Are these designed to be completely darkened Yes  No  N/A
- 6.4 Are vehicle bonnets painted 'matt black' to reduce glare? Yes  No  N/A
- 6.5 Do you have any drivers that drive between the hours of 11:00 pm and 6:00 am? Yes  No
- 6.5.1 If yes, how many drivers? \_\_\_\_\_
- 6.5.2 How often do they do this? \_\_\_\_\_

- 6.6 If tired, are your drivers allowed to pull over and rest/sleep during a trip if they feel they require it? Yes  No
- 6.6.1 If 'yes' to question 6.6, is this clearly stated in the company's procedures manual? Yes  No
- 6.7 Are drivers educated in the benefits of healthy diet and lifestyles? Yes  No
- 6.7.1 If yes, please provide details \_\_\_\_\_
- 6.8 Are driver's families included in fatigue management training? Yes  No
- 6.8.1 If yes, please provide details \_\_\_\_\_
- 6.9 What percentage of your work involves multi-drop work? \_\_\_\_\_ %
- 6.9.1 Are these drivers also required to load/unload? Yes  No

## 7. Claims Management

- 7.1 If your vehicle is involved in an accident do you:
- 7.1.1 Interview your driver to get a detailed understanding of how the accident happened Yes  No
- 7.1.2 Investigate the cause, and compile a written report Yes  No
- 7.1.3 Visit the site to confirm the details of the accident Yes  No
- 7.2 What actions do you take with drivers who have had an 'at fault' claim:
- 7.2.1 Terminate the driver's employment Yes  No
- 7.2.2 Provide specific training for the driver Yes  No
- 7.2.3 No action taken Yes  No
- 7.2.4 If other, please provide details \_\_\_\_\_

7.3 Claims History (Provide details if not currently insured with us)

	Number of Claims	Number of Units	Claims Amounts \$
For 2005	_____	_____	_____
For 2004	_____	_____	_____
For 2003	_____	_____	_____
For 2002	_____	_____	_____
For 2001	_____	_____	_____

7.4 Please itemise all losses (claims) over \$30,000 during the last 5 years in the table below.

Year	Details of Loss	Claim Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year	Details of Loss	Claim Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 7.5 Have any of your drivers had any criminal convictions in the last 5 years? Yes  No
- 7.5.1 Have any of your drivers had their licence cancelled or suspended in the last 5 years? Yes  No
- 7.5.2 If yes, please provide details \_\_\_\_\_
- 7.6 Do you have a preferred smash repairer? Yes  No
- 7.6.1 If yes, please provide details \_\_\_\_\_

## Privacy

The Privacy Act 1988 requires Us to tell You that as an insurer We collect Your personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of Your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who We believe are necessary to assist Us and them in providing the relevant services and products. For example, in handling claims, We may have to disclose Your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it. You have the right to seek access to Your personal information and to correct it at any time. Please contact Us on (02) 9966 8820 during normal business hours, Monday-Friday and advise Us of the changes. If You do not agree to the collection of Your personal information then unfortunately We will be unable to process Your questionnaire or issue a policy.

## Declaration

I/We certify that the information given in this questionnaire is truthful, accurate and complete.

I/We agree to make the vehicle or property insured available for inspection by GT if so requested.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information.

Please check that this document has been fully completed.

Signed by \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_