

Parcel Delivery Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Hiring Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Background / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test
<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Check

Safety Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Incentive Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Roadside Inspection Incentive
<input type="checkbox"/> Yes <input type="checkbox"/> No	GPS Devices (Installed & Used)

Management Practices, Operations, Loss Control, Claims Handling & Benefits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are vehicles repaired and maintained by an outside vendor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do drivers inspect their vehicles prior to starting their routes?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is food and drink prohibited in delivery vehicles?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is handheld cellphone use prohibited while driving delivery vehicles?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your drivers trained on 3 points of contact while exiting vehicles?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees required to wear non-slip shoes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees encouraged to stretch prior to their workday?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are seatbelts checked for delivery vehicles and forklifts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have lifting devices that assist drivers and handlers with packages that weigh more than 50lbs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees trained on proper package handling?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees trained on proper lifting?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are delivery vehicles equipped with proper tires for snowy conditions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use an outside vendor for towing and roadside assistance?

Fleet / Vehicles	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	How often are vehicles inspected for maintenance and repair?
	How many vehicles do you have in your fleet?
	How many drivers do you employ?
	Maximum miles driven on route per driver?