

Risk Management Services

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FLEET SAFETY PROGRAM SAMPLE DOT AND NON-DOT FLEETS

*Please consult your attorney for further direction before implementing
a fleet program specific to your operations*



Our activities are not an assumption by us of any duty owed by you to others. The safety of your operations, products, premises, or the health and safety of any person remains your responsibility. We give no assurance that we have identified all hazards or that your premises and operations are in compliance with any standard, regulation, or federal, state or local law.

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SAMPLE

Fleet Safety Program

We at (Company Name) are dedicated to protecting all employee drivers, their passengers and the general public from injury arising out of the use of motor vehicles for company business.

Our Fleet Safety Program establishes the minimum procedures and requirements that must be followed by management and employees when using motor vehicles for business purposes.

*All drivers must sign the **Assigned Company Vehicle Use Agreement** (Appendix I).*

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President & CEO

Driver Qualifications and Responsibilities

Only those employees meeting the minimum qualifications of this program, and authorized to drive on company business, may do so. This authorization may be revoked if evaluations of driver performance do not meet company standards.

In order to qualify for a driving position or to continue in a driving position with (Company Name), drivers

- must qualify according to the MVR criteria stated in this program;
- have a current valid driver's license, without suspension, from the state of her/his residence;
- must be 21 years of age or older and have at least one year of driving experience in the class of vehicle operated;
- must be able to drive a vehicle safely, be in good health, and physically able to perform all duties of a driver;
- must report all motor vehicle accidents/incidents, violations and/or suspensions to her/his manager immediately; and
- are subject to drug/alcohol testing – pre-employment, post-accident, reasonable suspicion, and randomly.

The following additional requirements apply for drivers of vehicles greater than 10,000 lbs.:

- Federal Motor Carrier Safety Administration (FMCSA) regulations must be followed for all commercial vehicles and drivers at all times.
- Drivers must be 23 years of age or older and have at least one year of verifiable driving experience in the class of vehicle operated.
- Drivers must have in their possession (while driving company equipment) a current valid driver's license or current valid commercial driver's license (CDL), whichever is required for the vehicle being driven.
- Drivers must have in their possession (while driving company equipment) a current valid medical card as prescribed by the Department of Transportation (DOT).
- Drivers must pass a company road test prior to operating any vehicle greater than 10,000 pounds.
- Drivers must qualify at all times under Section 391.11 (Qualification of Drivers) of the Federal Motor Carrier Safety Regulations (FMCSR).
- CDL drivers who drive vehicles that require a CDL must participate in drug and alcohol testing programs under Section 382 of the FMCSR.

Review of Motor Vehicle Records (MVRs)

State MVRs (driver's abstracts) will be obtained and reviewed at least annually for all employees who drive on company business. This MVR review includes violations received both on and off the job, and while operating business, commercial, and personal vehicles. Driving privileges may be withdrawn or suspended and/or company vehicles removed from any drivers not meeting the requirements.

Driving records are rated in accordance with (Company Name's) MVR guidelines outlined below.

General Guidelines

- No more than three minor moving violations in the past three years with not more than one during the preceding twelve months
- No more than one intermediate violation in the past three years with none in the preceding twelve months
- No major violations during the past three years (no drug or alcohol violations in five years)
- Not more than one preventable accident within the past three years

Disqualifying Violations

- Gross negligence, manslaughter, homicide or any felony arising out of the operation of a motor vehicle
- Fleeing a police officer
- Racing (speed contest)

Major Violations

- Driving under the influence of alcohol or drugs, none in 5 years
- Possession of alcoholic beverages or drugs, none in 5 years
- Leaving the scene of an accident (hit and run/failure to report), none in 5 years
- No valid or current license
- Reckless/careless/negligent driving
- Suspended or revoked license
- Speeding conviction of 15 mph or more over the posted speed limit

Intermediate Moving Violations

- Speeding 11 to 14 MPH over the posted speed limit
- Driving too fast for conditions
- Unsafe lane change
- Following too closely
- Lane restriction violation
- Use of a mobile communications device

Minor Moving Violations

- Speeding 10 MPH or less over the posted speed limit
- Failure to stop or failure to yield the right of way
- Other minor violations

Driving Privileges and/or duties can immediately revoked or suspended and additional training may be required when management determines that a driver is a risk.

Vehicle Use

Company Owned Vehicles

Only employees authorized by management are permitted to operate a company owned vehicle.

Assigned drivers and other authorized employees will not allow an unauthorized individual to operate a company or rented/leased vehicle.

Personal use of company provided vehicles or company rented vehicles is prohibited unless authorized by management in writing.

All vehicles will be regularly inspected and maintained by qualified employee or vendor.

Personal Vehicles Used for Business Purposes

Employees who use personal vehicles for company business must sign the **Personal Vehicles Used for Business Purposes Agreement** (Appendix II).

Automobile liability and property damage insurance coverage must be maintained by the driver with at least a \$300,000 combined single limit coverage. Proof of insurance must be provided every 6 months.

If an employee is involved in an accident with their personal vehicle, they should:

1. Follow their insurance carrier's procedures for reporting the accident and obtaining information.
2. Report all accidents to management and follow company accident protocols.

Safety Policies and Procedures

Safety is always our first priority

Employee Responsibilities:

- All state and federal laws must be followed when operating a vehicle on company business.
- All drivers are required to attend any driver safety meetings or training activities.
- Small vehicles should be inspected once a week. Items that affect vehicle safety must be repaired before the vehicle may be operated.
- Report any accident, injury, illness, or property damage to your supervisor as soon as possible.
- Do not report to work or operate a company vehicle while under the influence of alcoholic beverages or drugs. Do not use alcoholic beverages or drugs while on company premises or when conducting company business. All such violations may result in immediate termination.
- Firearms and/or weapons of any kind are not allowed in company vehicles.
- Operate only the vehicle(s) for which you have been properly trained and observe the safe operational procedures for that vehicle.
- Seatbelt use is required whenever driving or riding in any vehicle.
- Never tow or push any company vehicle without authorization from a supervisor.
- Abide by the **Distracted Driving Policy** (Appendix III).

Additional responsibilities for drivers of trucks greater than 10,000 lbs.:

- A pre-trip inspection will be made at the start of each shift to ensure that the vehicle (and trailer) is in safe operating condition. A post-trip vehicle report is required and must be turned into the shop. The mechanic is responsible to ensure that all work is completed as needed for safe operation the following day and if needed to arrange for the use of an alternate vehicle.
- Do not let the engine idle. Engines should be shut off when loading and unloading.

Accident Reporting, Recordkeeping and Review

The elimination of motor vehicle accidents a major goal

To meet this objective, all accidents will be reported to management and investigated, documented, and reviewed.

Responsibility

1. The driver will initiate the information gathering process as quickly and thoroughly as is feasible.
2. Management will obtain accident details from the driver verbally and complete the **Telephone Report of Vehicle Accident/Incident** (Appendix IV) form. It is important for management to collect all available information to determine the extent of the accident, especially if it involved injury or death to the driver, passenger, or other parties.
3. The accident report will be forwarded to the insurance claims department along with additional supporting data (e.g., witness statements, photographs, police reports, etc.). Management will immediately proceed with a formal investigation to determine the underlying causes as well as what can be done to prevent similar occurrences.

Driver Accident Reporting Procedures

1. The driver must immediately report every accident without fail, including those accidents without apparent property damage or bodily injury.
2. In case of an accident, contact management immediately.
3. Get the names and phone numbers of witnesses for or against you. If a witness refuses to give their name, record the license number of their vehicle (if possible).
4. Regardless of facts, admit nothing, promise nothing, and do not argue. Give your name, company name and offer to show your license.
5. Take pictures.
6. Stay at the scene of the accident until instructed by a police officer to proceed.
7. If you are involved in an accident with an unattended vehicle, you must stop and try to locate the owner. If you cannot locate the owner, you must place a note in or on the vehicle giving your name, company name and phone number.
8. If you are involved in any accident while operating a vehicle for company business, post-accident drug/alcohol testing may be required by management.
9. Use a company issued accident form or **Motor Vehicle Accident/Incident Report** (Appendix V) to collect details of the accident.

Acknowledgment of Receipt

I have received a copy of the (Company Name) Fleet Safety Program. I have reviewed the program and have been given the opportunity to ask questions to fully understand the meaning of the program. If I have any further questions regarding the program, I will discuss them with my supervisor.

I acknowledge having receipt of this program and consent to abide by its contents.

Date: _____

Name (printed): _____

Signature: _____

Department: _____

Supervisor: _____

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Appendix I

Assigned Company Vehicle Use Agreement

Employee Name: _____ **Driver's License Number:** _____

Location: _____ **Vehicle No.** _____

To be authorized to operate a motor vehicle on company business I agree to the following conditions. I will:

1. follow and cooperate fully with the (Company Name) Fleet Safety Program;
2. maintain a valid driver's license and remain fully insurable;
3. operate the vehicle in a safe, defensive manner and obey all traffic laws;
4. wear my seat belt and require all passengers to wear seat belts;
5. promptly report all motor vehicle accidents to management;
6. assume full responsibility for any traffic violations and fines arising out of the use of the vehicle;
7. not use the vehicle for personal use, unless authorized in writing by management prior to use;
8. not allow the company vehicle to be driven by anyone that has not received authorization to drive by the company; and
9. not alter the vehicle unless authorized by company management. Examples include:
 - installation of stereos, amplifiers, radar detectors;
 - installation of trailer hitches for personal use;
 - aftermarket accessories such as bug deflectors, window tinting, running boards, equipment racks, visors, etc.; and
 - personalized or vanity license plates.

When driving my personal vehicle for business, I will sign and follow **Personal Vehicles Used for Business Purposes Agreement** (Appendix II).

The company reserves the right to withdraw driving and vehicle use privilege at any time.

I, _____, have read and understand the **Assigned Company Vehicle Use Agreement** established by _____. I agree to abide by the provisions of this program. I understand that violation of this program will result in disciplinary action, up to and including termination of employment.

Employee Signature: _____ Date: _____

Witness (Manager): _____ Date: _____

Appendix II

Personal Vehicles Used for Business Purposes Agreement

There are situations where drivers use their personal vehicles for business purposes. This may occur on a regular or irregular basis; however, there are policies and expectations that must be followed in these circumstances.

The following requirements apply for those drivers utilizing their personal vehicles on company business:

1. Driver must follow and cooperate fully with the (Company Name) Fleet Safety Program.
2. Driver must have a valid driver license in their state of residence.
3. Driver must maintain automobile liability and property damage insurance coverage with at least a \$300,000 combined single limit coverage. The company management should be provided with evidence of this insurance coverage every six months, which clearly lists program declarations and coverage limits.
4. In case of an accident and subsequent claim, the coverage provided by the employee's personal insurance may apply first.
5. Maintain the vehicle in accordance with the same requirements as company vehicles.
6. Drivers must comply with all applicable state laws and regulations.
7. Regular occasional drivers (more than six times per year for business use) will be required to attend driver safety training and meetings.
8. Motor vehicle records will be checked initially, and annually thereafter. The driver's authorization to operate their personal vehicle for business purposes may be revoked by management if the motor vehicle record discloses the following:
 - The state motor vehicle driver license is revoked, suspended, withdrawn or denied
 - Operating outside the limitations of a restricted license
 - Driver refuses to undergo drug or alcohol testing in accordance with company policies or as required by applicable state or jurisdiction
 - A conviction for driving a motor vehicle while under the influence of alcohol or illegal drugs

The company reserves the right to withdraw driving and vehicle use privilege at any time.

I, _____, have read and understand the **Personal Vehicles Used for Business Purposes Agreement** (Appendix II) established by _____. I agree to abide by the provisions of this program. I understand that violation of this program will result in disciplinary action, up to and including termination of employment.

Employee Signature: _____

Date: _____

Witness (Manager): _____

Date: _____

Appendix III

Distracted Driving Policy

Please read this Distracted Driving Policy, sign and return to your supervisor.

In order to increase employee safety and eliminate unnecessary risks behind the wheel, [Company Name] has enacted a Distracted Driving Policy. We are committed to stopping distracted driving, and have implemented the following distracted driving rules:

- Employees may not use a hand-held communications device while operating a vehicle, whether the vehicle is in motion or stopped at a traffic light. This includes:
 - answering or making phone calls;
 - engaging in phone conversations; and
 - reading or responding to emails, instant messages, text messages, tweets or other social media communication.
- Hands-free (Bluetooth) may be used for short conversations only. If a longer conversation is required, you must pull over safely to the side of the road or other safe location.
- This policy applies to all employees in **any** of the following situations:
 - operating a company vehicle;
 - operating a personal vehicle on company business;
 - driving on company property;
 - using a cell phone supplied by the company; and
 - using a personal cell phone.
- If an employee needs to use the phone, he/she must pull over safely to the side of the road or another safe location.
- Failure to comply with this policy will result in disciplinary action up to and including termination.

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

Employee Signature

Date

Employee Name (printed)

Appendix IV

Telephone Report of Vehicle Accident/Incident

(For use by Manager or Fleet Supervisor who receives the call from the driver)

Employee Name: _____

Are you all right? If not, describe injuries: _____

Can your vehicle proceed safely in its present condition? List the extent of vehicle damage: _____

What assistance do you need? _____

Date of Accident: _____

Exact Location of Accident: _____

Time of Accident: _____

Description of Accident (What Happened): _____

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Phone number where you can be reached: _____

Address where you can be reached: _____

Other driver(s) name, address, license number, and insurance company: _____

Was anyone injured? (Names and extent of injuries if known) _____

If the injured were given medical assistance, give the name and address of hospital or doctor: _____

Were there any fatalities? (Names) _____

Responding police officer(s) name(s), badge numbers and department: _____

Witnesses to the accident (name(s), address and phone number): _____

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Time _____

Date _____

(Signature of Person Notified)

Location _____

Unit No. _____

(Note any instructions to the driver below or on the reverse side)

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Appendix V

Motor Vehicle Accident/Incident Report

Instructions for Drivers: In the event of an accident/incident, the on-scene instructions to be placed in the vehicle should include the following:

- phone number(s) to which incidents are to be reported;
- insurance carrier information that can be provided to other involved parties;
- instructions for contacting law enforcement and emergency personnel; and instructions for contacting roadside assistance services, if available;
- instructions for leaving the incident scene intact, securing the scene against further collisions or injuries until emergency personnel arrive, and meeting regulatory requirements (if any) for blood alcohol and/or drug testing; and
- a reminder to the driver that he or she should not admit fault for the incident. Materials to be placed in the vehicle may also include a disposable camera for documenting the scene, and a witness card for recording initial comments and contact data from potential witnesses.

Accident/Incident Information: Recommended information to be collected in the event of a motor vehicle incident include the following:

- Name
- Address
- Phone number(s)
- Driver's license number (and state)
- License plate number
- Vehicle make and model
- Name of insurance carrier
- Insurance policy number
- Name, address, and phone number(s) of all parties involved in the incident, including passengers in each vehicle
- Name, address, and phone number(s) of all witnesses
- Date and time of the incident; weather conditions
- Location of the incident (intersection or milepost)
- The party to whom the driver's vehicle was registered (e.g., the organization, the driver, another individual, or a rental agency)
- Name and phone number(s) of the investigating law enforcement officer on the scene, if any, as well as any citations issued
- Any other entities responding at the scene (e.g., fire department, ambulance, hazardous materials unit)
- A detailed narrative of the incident
- Space to allow the driver to make a sketch or diagram of the incident scene

Provided To You by the Risk Management Department of Berkley North Pacific

Berkley North Pacific is a property and casualty insurer with offices in Bellevue, WA, Meridian, ID, Portland, OR, and Salt Lake City, UT. We are proud to be based close to our agents and policyholders. This close relationship allows us to stay informed and quickly respond to your changing needs.

Berkley North Pacific Group is dedicated to meeting your insurance needs and providing you the service you expect and deserve from your insurance carrier. For more information on this or other policies offered by BNP, contact the Independent Insurance Agent in your area or visit our website at <http://www.berkleypac.com>

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