



CASUALTY RISK SOLUTIONS

DELIVERY APPLICATION FORM

1. Name, address and website URL of the company to be insured:

Name:

Address:

Website:

2. Description of operations**3. When were you established and how many years of full operations?**

If in operation for less than 3 years, please provide funding information.

4. What countries and states (if applicable) are you operational in? Are there any countries or states you plan on expanding into in the next 12 months?**5. Details of the types of items being delivered (e.g. perishables, fast food, mail, clothes)?****6. Can pharmaceuticals, alcoholic beverages, tobacco or marijuana be delivered through the platform?**

YES NO

If so, what controls are in place to ensure the customer is of the legal age?

7. When performing the above operations, are there timeframes that you commit to?

YES NO

If so please provide details of these.

8. Number of employees performing deliveries?

Please confirm any expected changes to this number over the course of the policy period

9. Number of contractors performing deliveries?

Please confirm any expected changes to this number over the course of the policy period

10. Please answer the following regarding your on-boarding of drivers:

What are your minimum Motor Vehicle Record (MVR) criteria for accepting drivers (including maximum number of minor/major Violations)?

Will all drivers that exceed the minimum MVR criteria be prevented from driving on the platform?

YES NO

What is your policy in removing poorly performing drivers?

Which provider carries out the MVR checks?

What are your indemnification rights against the provider of MVR checks?

Are these checks performed at a state and national level?

STATE NATIONAL BOTH

How often are the MVR checks re-run?

What are the minimum driver requirements in terms of age and number of years driving experience?

Do you carry out any background and/or credit checks on the drivers?

YES NO

If so, please provide further details about these checks (e.g. Minimum criteria, Which provider carrying out the checks, indemnification rights against them, frequency of the checks).

Are there any other checks carried out beyond the above?

YES NO

If so, please provide details:

11. Are there restrictions on the types of vehicles that are driven YES NO
(e.g. Size, model, Value, Age)?

If so, how are these checked?

12. Confirmation there is no carriage of people? YES NO

13. Are all drivers required to provide their own vehicles or do you have a relationship with a leasing company to enable prospective drivers to lease a vehicle for use via the platform?

14. Who is responsible for the maintenance of the vehicles and how often? What maintenance records do you require to be provided, who vets these and how often?

15. What procedures do you have in place to monitor vehicle recalls in relation to the vehicles being used on the platform?

16. Do you use any GPS tracking or vehicle telematics? YES NO

a) If so, which provider?

b) Are these in all vehicles?

YES NO

c) What data do you receive? e.g. mileage, hard breaking, speeding, distracted driving

d) How do you analyse it?

e) Do you use the data to remove poorly performing drivers?

YES NO

If yes, please provide details on the policy & procedure.

17. What measures are you taking to reduce Distracted Driving?

18. Is there a rating system for drivers?

YES NO

a) If so, how does this work?

b) Are poorly performing drivers removed if they fall below a certain rating?

YES NO

19. In the event of extreme weather, what protocols do you have in place?

20. Please can we have the percentage split of Urban and Non-urban mileage?

21. Do you currently purchase insurance?

YES NO

If so, what are the coverages (e.g. Owned Auto, General Liability, Hired Non-Owned Auto), limits, retentions, carriers and expiring premiums?

22. Going forward, what insurance are you looking for in terms of coverage (e.g. Owned Auto, General Liability, Hired Non-Owned Auto), limits and retentions?

23. Please provide the following documentation:

- Historical exposures since beginning of operations
- Projection for next 12 months
- Loss history since platform went operational
 - Valued in the last 3 months
 - Confirmation that loss runs attached are Ground up (gross of deductible) and uncapped
 - Including detailed narrative for any claims >\$25k incurred value
- Terms of Service
- Contractual documentation between the drivers and platform
- Copy of driver on-boarding documentation including driver safety protocols (e.g. Safety Handbook)
- Copy of minimum vehicle requirements and vehicle maintenance policy
- Snapshot of current GPS/ telematics capabilities

Signed:

Name:

Position:

Date:



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