



CASUALTY RISK SOLUTIONS

HNOA APPLICATION FORM

GENERAL:**1. Name and address of Insured**

Name:

Address:

2. Territory of operations - Country and State**3. Receipts/revenues from HNOA activity for last 5 years and coming year**

Coming Year:

Prior Year:

2nd Prior Year:

3rd Prior Year:

4th Prior year:

5th Prior Year:

4. Details of operations (for example food delivery)**5. When performing the above operations, are there timeframes that the applicant commits to?** YES NO

If so please can we have details of these?

6. Confirmation there is no carriage of people? YES NO**7. Number of employees****8. Number of contractors****9. Minimum age of drivers****10. Does the insured use vehicle telematics?** YES NO

Are these in all vehicles and what data do they receive and how do they analyse it?

11. Will drivers that are seen to have been speeding or committing any other driving offence be prevented from continuing to drive for the applicant? YES NO

12. Details of MVR checks conducted on drivers and maximum number of offences permitted while still being able to drive for the company.

13. Are there background checks on drivers beyond MVR checks? YES NO

What are these and who conducts these?

14. Please provide a 10 year loss history Full Ground Up, uncapped.

15. Is there a rating system for drivers? YES NO

If so how does this work?

16. How are poorly performing drivers removed?

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

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

19. What extreme weather protocols do they have in place?

NON-OWNED:**1. Number of non-owned vehicles****2. Split of vehicles - PPV, light truck etc.****3. Total number of miles driven (last 5 years and Coming year)**

Coming Year:

Prior Year:

2nd Prior Year:

3rd Prior Year:

4th Prior year:

5th Prior Year:

4. Average trip**5. Maximum trip****6. Miles split by inner-city/highway/non inner-city or highway****7. Are vehicle maintenance checks conducted?**

YES NO

If yes, please provide details.

8. Are there minimum vehicle requirements?

YES NO

If yes, please provide details

9. What minimum insurance requirements do they have and do they check the insurance policies?**10. Does the applicant know when vehicles in the non-owned fleet are being used for the purposes of the applicant's business?**

YES NO

11. Does the applicant have the ability to track the vehicles when being used for the purpose of the applicant's business?

YES NO

Do they have the ability to record telematics?

YES NO

HIRED:

- 1. Number of non-owned vehicles**
- 2. Split of vehicles - PPV, light truck etc.**

- 3. Total number of miles driven (last 5 years and Coming year)**

Coming Year:

Prior Year:

2nd Prior Year:

3rd Prior Year:

4th Prior year:

5th Prior Year:

- 4. Average trip**
- 5. Maximum trip**

- 6. Miles split by inner-city/highway/non inner-city or highway**

- 7. Please provide details of standard hire agreement in terms of duration and insurance.**

- 8. Does the applicant have the ability to track the vehicles? for the purposes of the applicant's business?** YES NO
- 9. Do they have the ability to record telematics?** YES NO

What do they do with this data?

Signed:

Name:

Position:

Date:



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