

ICW GROUP - NEVADA

TAXI/LIMOUSINE/SHUTTLE SERVICES

Named Insured: _____

REQUIRED INFORMATION – Number of employees per each location:

Average length of employment: _____
 Is the number of employees: INCREASING DECREASING STABLE
 Hours of operation: Hrs/Day: _____ Days/Week: _____ # of Shifts: _____
 Are medical benefits provided: YES NO Eligibility period, if any: _____
 Percentage of employee participation: _____ Percentage of employer contribution: _____
 Provider: _____

Are employees unionized: YES NO
 Do Drivers lease their cabs? YES NO If Yes: Daily _____ Weekly _____

HIRING PROCEDURES

Pre-employment Applications YES NO References Checked YES NO
 Physicals YES NO Drug Testing YES NO
 MVR's checked YES NO Written job description. YES NO
 New hire training program YES NO
 Terminated for at-fault moving violations? YES NO

GENERAL:

YES NO

SAFETY:

Formal Safety Program	_____	_____
Dedicated Safety Director	_____	_____
Mandatory Seat Belt Program	_____	_____
Drive Cams in all vehicles	_____	_____
3 Years or More	_____	_____
1 Year but Less Than 3 Years	_____	_____
Drivers dispatched only	_____	_____
Full Medallion	_____	_____
Service Area restricted	_____	_____
Accident Investigation Program	_____	_____
Safety Incentive Program	_____	_____
Cash/Transaction Policy Posted	_____	_____

EMPLOYEES:

RTW/Modified Duty Program	_____	_____
Defensive Driving Training	_____	_____
Road Checks/Inspections by Supervisors	_____	_____
Material handling/lifting:		
Manual Lifting 25 lbs. and under	_____	_____
Manual Lifting over 25 Lbs.	_____	_____

AUTOMOBILE EXPOSURE:

Dedicated Fleet Manager	_____	_____
Towing/Transport	_____	_____
GPS Equipped vehicles	_____	_____
Fleet Maintenance Program	_____	_____
(By outside contracted mechanics or In-house mechanics?):	_____	_____