



Fleet Auto Supplemental Questionnaire

Please complete and return this form to: commercialauto@pieinsurance.com with one of the following:

- 1) Pie Fleet submission spreadsheet
- 2) ACORD 125 and 127 Forms
- 3) Your own list of VINS and drivers

3 years loss runs will also be required. If you are unsure of any responses please leave them blank. Questions call: 800-438-5374 or refer to the [Pie Commercial Auto Quoting Steps](#).

Agent Information

- Agency Name: _____
- Agent: _____
- Agent Code: _____

Applicant Information

- Name of applicant: _____
- Contact Information: _____
- Email address: _____
- Phone number: _____
- Mailing Address: _____
- Physical Address: _____
- Description of operations: _____
- Pricing expectations:
 - Target: _____ Expiring: _____
- Prior Insurance (length, lapse): _____
 - Any cancellations or non-renewals in the prior three years? Yes___ No___

General

- Do you ever haul cargo owned by others? Yes___ No___
- Is there any hauling of hazardous cargo? Yes___ No___
- How long has this operation been in business? _____
- How many years of experience does your management have in your business? _____
- What is the furthest distance traveled from the garaging address? _____

HNOA & Symbol 1

- Do employees use their own personal autos on the job? Yes___ No___
 - If yes, what percentage? _____
- Is there a formal written policy on acceptable use of personal vehicles?
Yes___ No___

- Do you require evidence of auto insurance from employees or volunteers using personal autos? Yes___ No___
- What percentage of your work is performed by subcontractors? _____
- Do you require evidence of auto insurance from subcontractors? Yes___ No___
 - What limits do you require? _____
 - Do you require your subcontractors to list you as an additional insured? Yes___ No___
- Annual cost of hire
 - Are any vehicles rented for more than 30 days? Yes___ No___

Safety & Driver Monitoring

- Do you have a Driver Safety Program? Yes___ No___
- What is your minimum age of hire? _____
- Any employee departures or hires in the last 12 months? Yes___ No___
 - Hires #: _____
 - Departures #: _____
- Is any personal use of the company vehicles allowed? Yes___ No___
 - Are employees allowed to take vehicles home at night? Yes___ No___
 - Are family members of employees allowed to drive vehicles? Yes___ No___
- Is there a safety program in use? Yes___ No___
 - Formal/Written: Yes___ No___
 - Is there a safety manager: Yes___ No___
 - Regular safety meetings: Yes___ No___
 - Driver training: Yes___ No___
 - Does your safety program include safe driving incentive awards? Yes___ No___
- Are Motor Vehicle Reports obtained on all drivers? Yes___ No___
 - Pre-Hire: Yes___ No___
 - Annual: Yes___ No___
- Are there written criteria to determine an acceptable MVR? Yes___ No___
- Is disciplinary action in place for poor drivers? Yes___ No___
- Are files maintained for each driver? Yes___ No___
- Are employees instructed in accident reporting procedures? Yes___ No___

Maintenance

- Is there a vehicle maintenance program in operation? Yes___ No___
- Are pre- and post-trip inspections performed? Yes___ No___
- Who is responsible for vehicle maintenance and inspection? _____

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Contact information

Pie Insurance Commercial Auto Department

Call: 800-438-5374

Email: commercialauto@pieinsurance.com

Available 9am-6pm ET, Monday-Friday

Customer service - Commercial Auto Products

Call: 800-438-5374

Available 9am-6pm ET, Monday-Friday

Customer service - Workers' Compensation Products

Call: 855-880-0204

Available 9am-9pm ET, Monday-Friday

Claims reporting - 24/7

Call: 844-581-0828

Commercial auto partner resources

agencies.pieinsurance.com/commercial-auto/resources

Mailing address

1755 Blake Street

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