



# taxi fleet

Fleets of three or more vehicles

**fact find**



SCHMES



# Hire Car Fact Find

Please complete all sections and where necessary provide additional information on a separate sheet.

Insured \_\_\_\_\_ Policy No. \_\_\_\_\_ Renewal Date \_\_\_\_\_

Insured/Principal Date of Birth \_\_\_\_\_ Website Address \_\_\_\_\_

## 1. General Information

1.1 When was the company established? \_\_\_\_\_

1.2 Who are the owners of the business? \_\_\_\_\_

1.3 How many vehicles do you own? \_\_\_\_\_ Operate? \_\_\_\_\_

1.4 In which town/city do you predominately operate? \_\_\_\_\_

Base Details and Address \_\_\_\_\_

1.5 Do you undertake specific contracts for any of the following organisations or groups? YES  NO

Local Health Authority  Local Education Authority  Social Services

Members of the Entertainment Industry  Professional Sports Persons  US & Canadian Citizens

VIPS's eg. Diplomats, Business Executives  Fashion Models  Other High Profile Individuals

Please provide full details \_\_\_\_\_

1.6 Do you operate any dedicated airport/airline or hotel car service? YES  NO

If 'yes', please provide full details including nature of operations and especially whether any air-side work is undertaken

\_\_\_\_\_

1.7 Are any of your vehicles used for carriage of goods for hire and reward, YES  NO

(e.g. Parcel delivery or courier work)

If 'yes', please give details including vehicle type and nature of operations including % of turnover

\_\_\_\_\_

1.8 Are all vehicles to be insured under the policy owned by the policyholder? YES  NO

If 'no', please give details.

\_\_\_\_\_

1.9 Are there any owner drivers' vehicles included within the fleet? YES  NO

If 'yes', please give details.

\_\_\_\_\_

1.10 Are there any additional subsidiary or associated companies to be included? YES  NO

If 'yes' please provide full details of their drivers, vehicles, cover and claims experience.

\_\_\_\_\_

## 2. Driver Information

2.1 How many drivers do you employ? \_\_\_\_\_ contract? \_\_\_\_\_

If none please provide details of the drivers below and copy licences

\_\_\_\_\_

2.2 Are all drivers aged 25 - 69 with a full UK licence for more than 2 Years? YES  NO

If 'no' please provide full details

\_\_\_\_\_

2.3 Do you employ non-UK drivers? YES  NO   
*If 'yes', please give details of the nationality of the drivers & the percentage of drivers from each country*

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2.4 Please indicate the number of drivers who have left in the last 12 months

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2.5 Has any person who drives, or may drive, ever been convicted of any Offence in connection with any motor vehicle where the points on their licence exceed six points? YES  NO   
*If 'yes', please provide copy licence with this form.*

### 3. Vehicles

3.1 Do you operate your own workshop? YES  NO   
*If so, please explain activities carried out.*

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3.2 How often are your vehicles inspected/checked for faults?  
 Daily  Every 3-4 days  Weekly  Monthly  Other   
 Who carries out this duty and what is the procedure for reporting vehicle defects?

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3.3 How often are your vehicles serviced?  
 Monthly  Quarterly  6 Monthly  Annually  Other

3.4 Can you indicate average annual mileage of each vehicle?  
 Cars \_\_\_\_\_ Minibuses \_\_\_\_\_

### 4. Fleet Management & Risk Reduction Information

4.1 Do you have a written Health & Safety Policy which is shared with drivers YES  NO

4.2 Is there a Code of Practice provided to all your drivers YES  NO   
 Does this include a Driver handbook YES  NO   
*If 'yes', please provide a copy*

4.3 In respect of all new drivers, do you:-  
 • Obtain previous driving history, including accidents? YES  NO   
 • Check their employment history YES  NO   
 • Request references and follow these up? YES  NO

4.4 Do you have a dress code policy? YES  NO   
*If so, what is it?*

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4.5 Do you undertake a driver assessment, including road use and awareness, prior to allowing any new driver access to your vehicles YES  NO   
*If 'yes', please provide details*

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4.6 How often do you take a copy of each driver's badge and licence?

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4.7 Have you undertaken any risk reduction measures or driver training in the last 2 Years? YES  NO   
If not do you plan to undertake any such activity?  
*If 'yes', please provide details including who delivers the training*

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4.8 Do you operate a penalty/incentive scheme to encourage accident-free driving? YES  NO   
If so, how long has this been in operation?  
*Please provide details*

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4.9 What is the procedure for reporting claims and who is responsible? \_\_\_\_\_  
How is this communicated to the drivers? \_\_\_\_\_

4.10 Have all events, likely to lead to a claim, in the last 12 months been reported? YES  NO   
*If 'No' please provide full details on a separate page and report the claims on 0800 169 4066*

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4.11 Do you undertake post accident reviews with drivers? YES  NO   
*If 'Yes', please provide details and state who is responsible for this.*

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4.12 Is CCTV equipment installed in any of your vehicles? YES  NO   
*If 'yes', please provide details*

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4.13 Please state if there is any further information about the management of your business not catered for above?

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TFP Schemes have a dedicated website for Risk Reduction Advice: [www.tfpschemes.co.uk/reducing-risk](http://www.tfpschemes.co.uk/reducing-risk)

## 5. Minibus Information (for vehicles with 9 passenger seats and above)

*Only complete this section if there are any minibuses to be covered under the fleet*

5.1 Please give details of your business and the purpose for which your minibuses are used

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5.2 Do you carry out any stage carriage work? YES  NO   
*If 'yes' please give details*

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5.3 Do you hold a PSV operators licence? YES  NO   
*If 'yes' please indicate the type of licence held and the number of vehicles on each licence*

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5.4 Do you hold a Section 19 or Section 22 permit? YES  NO   
*If 'yes', please give the permit number* \_\_\_\_\_

5.5 Please provide details of any operator licence offences you have incurred (eg. maintenance, vehicle tachograph etc.)

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5.6 Have you carried out a risk assessment of the management of your minibus service? YES  NO   
*If 'yes', please give details*

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5.7 If your operation involves the carriage of schoolchildren do you have an escort on journeys? YES  NO

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5.8 Have any seat belts been fitted retrospectively? *If 'yes' please indicate when and by whom* YES  NO

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5.9 How does the driver ensure passengers wear seat belts at all times?

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5.10 Are any of your minibuses converted for wheelchair access? YES  NO   
*If 'yes' please give details of the vehicles and modifications carried out*

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Also detail what training has been given to drivers (e.g. loading, unloading, securing etc.)

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5.11 Are all your minibuses equipped with fire extinguishers and first aid boxes? YES  NO

5.12 What arrangements are there for the carriage of luggage, (e.g. carried internally, on roof rack, towing)

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5.13 Do you carry out any specific minibus driver training? YES  NO   
*If 'yes' please give details, (who carries out the training & provide a brief detail of the programme)*

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5.14 Do you give instructions to the drivers on the maximum number of hours to be spent driving, time spent on other activities and rest breaks? *If 'yes' please give details* YES  NO

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Signature \_\_\_\_\_ Position \_\_\_\_\_ Client/Broker \_\_\_\_\_

Date \_\_\_\_\_

### Material Circumstances

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- (1) disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- (2) make such disclosure in a reasonably clear and accessible manner; and
- (3) ensure that, in such disclosure, any material representation as to a: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application.

You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention.

Each renewal invitation is made on the basis of the information we have at the time it is issued. We may revise or withdraw it if, before the date your renewal takes effect, any event occurs that gives rise to a claim or alters the material circumstances under this insurance, even if we are notified after your renewal date.

A specimen copy of the policy wording is available on request. You should keep a record (including copies of letters) of all information supplied to us for the purposes of the renewal of this insurance. A copy of the completed application will be supplied on request within a period of three months after its completion.

### Underwritten by:

**Aviva Insurance Limited** Pitheavlis, Perth PH2 0NH Registered in Scotland No. 2116

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