



## Delivery Supplement Questions

1. Total number of drivers:

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2. Radius of driving exposure, in miles:

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3. What type of products/goods are they delivering?

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4. Type of vehicles used for delivery:

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5. Number of company owned vehicles:

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6. Number of non-owned vehicles:

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7. Are drivers paid per delivery?

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8. Number of employees who drive personal vehicles:

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9. Is there commercial or non-owned auto coverage in place?

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10. What are your delivery hours?

Weekday Start:

Weekday End:

Weekend Start:

Weekend End:

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11. Which employee screening processes does the insured perform?

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Applicant

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Signature

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Date