

Distributor Purchasing Alliance a partner with Reliable Power Group

Property & Casualty Insurance Checklist



Business Name: _____

Federal ID Number (FEIN): _____

Total Employees: _____

Number of Years in Business: _____

PROPERTY

Location Address: _____

Building Information

Construction Type: _____ Year Built: _____

Square Footage: _____ Number of Stories: _____

Sprinkled: Yes ___ No ___ Alarm(s): Yes ___ No ___

Building Updates – Provide the Year of Update

Roof: _____ Electrical: _____

Heating: _____ Plumbing: _____

Limits:

Building _____ Personal Property _____ Stock _____

PROPERTY (complete if more than 1 location)

Location Address: _____

Building Information

Construction Type: _____ Year Built: _____

Square Footage: _____ Number of Stories: _____

Sprinkled: Yes ___ No ___ Alarm(s): Yes ___ No ___

Building Updates – Provide the Year of Update

Roof: _____ Electrical: _____

Heating: _____ Plumbing: _____

Limits:

Building _____ Personal Property _____ Stock _____

GENERAL LIABILITY

Auto Distributor Sales: _____

Auto Parts/Supplies Store Sales: _____

TRANSPORTATION

In Transit Coverage (\$50,000 Included)

Do you Need More: Yes ___ No ___

AUTOMOBILE

Please Supply Driver List & Vehicle List (and garaging location if more than 1 location)

Garage Keepers – Do you install batteries? Yes ___ No ___

WORKERS COMPENSATION: PAYROLLS

Store Parts/Warehouse/Driver: _____

Salesperson: _____

Clerical: _____

Motor Carrier/ Heavy Truck Operations Questionnaire

Applicant Information:

Motor Carrier Number: _____

DOT Number: _____

Operations:

List States of Operation:

Percentage of Trips of Operation in Radius Categories:

____ Less than 50 Miles ____ 50-199 Miles ____ 200-500 Miles ____ Over 500 Miles

Driver Information:

Yes No

____ ____ Is there a formal driver hiring/training procedure?

____ ____ Is the applicant using the Federal Motor Carrier Safety Administration - Pre-Employment Screening Process?

____ ____ Do you use governmental E-Verify or similar systems to verify all drivers have legal working status in the US?

____ ____ Do all drivers have a minimum of 2 years experience operating similar type vehicles?

____ ____ Are MVR checks made pre-hire and annually thereafter?
Describe any MVR standards or attach a copy: _____

____ ____ Are random drug/alcohol tests made?
If Yes, how often?

____ ____ Do you perform criminal background checks on all drivers?

____ ____ Do you maintain a Federal Motor Carrier Safety Administration Drive File on all CDL drivers?

Vehicles

Yes No

____ ____ Do you have a vehicle maintenance program?

Where are vehicles parked when not in use? _____

How are vehicles protected when parked? _____

____ ____ Are all vehicles equipped with operational back-up alarms?

Completed by: _____ Date: _____

Position: _____

Please email this completed form to Michelle Pye at mpye@robertsonryan.com

Thank you!