



Commercial Services Pest Control Division

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Winter Garden, FL 34787
800-799-1400 Phone - 407-839-0547 Fax

Auto Loss Control Survey

Company Name: _____

City/State: _____

Inspection Contact: _____

Date of Survey: _____

CA Policy #: _____

CA Policy Effective Date: _____

1. Are any drivers involved in claims still employed with the company? Yes ☐ No ☐
 - a. If yes, please list: _____
2. Were any driver(s) cited in accidents? Yes ☐ No ☐
 - a. If yes, please list: _____
3. How many drivers were reported at the beginning of your previous policy? _____
 - a. How many drivers were added during your previous policy year? _____
 - b. How many drivers were terminated/removed during your previous policy year? _____
4. Does driver recruitment include comprehensive pre-employment screening services (MVR, criminal background, sexual offender registry, work history, drug screening)? Yes ☐ No ☐
 - a. If yes, please name the vendor(s) providing the service(s): _____
5. Does the company have GPS or drive cameras installed in all service vehicles? Yes ☐ No ☐
 - a. If yes, what GPS brand/service is installed? _____
 - b. Are notifications of driving infractions (speeds above posted limit, hard breaking, geo-fence/operational hours violations) monitored by management? Yes ☐ No ☐
 - c. Are drivers disciplined for GPS notified infractions? Yes ☐ No ☐
If yes, what are the steps of progressive discipline and how is it documented? _____

6. Does the company require regular/annual safety training for drivers? Yes ☐ No ☐
 - a. If yes, how often is that training and what program/vendor/resource is used? _____

Auto Loss Control Survey continued

7. Does the company have employment policies that:

- a. Require drivers to pay for deductibles for at-fault accidents? Yes ☐ No ☐
- b. Govern vehicle use (take home, cell phone use, alcohol/drug use, GPS infractions, non-employee passengers, etc.) Yes ☐ No ☐
 - i. If yes, is the vehicle use policy signed by employees and retained in employment files? Yes ☐ No ☐
- c. Suspend or terminate drivers with their first rear end collision claim? Yes ☐ No ☐
 - i. If no, what is company policy for suspending/terminating drivers with their first rear end claim? _____
- d. Prohibits all use of personal and company cell phones and mobile devices for talking and texting while driving with a written policy signed by drivers? Yes ☐ No ☐
- e. Includes a comprehensive drug and alcohol screening program with:
 - i. Required post-accident drug/alcohol screening policy for drivers involved in at-fault accidents? Yes ☐ No ☐
 - ii. Required passage of pre-employment drug/alcohol screenings? Yes ☐ No ☐
 - iii. Options for random and probable cause screenings? Yes ☐ No ☐

8. Does the company issue cell phones/mobile devices to all service technicians? Yes ☐ No ☐

- a. If no, does the company pay a stipend or partially reimburse service technicians for the company use of their personal cell phones? Yes ☐ No ☐

9. Are current personal auto insurance policies in place for all owners/officers Yes ☐ No ☐

10. Are all service vehicles garaged overnight at the company's business location? Yes ☐ No ☐

I attest that the responses above are true and accurate and are submitted with the ACORD Commercial Auto Application and/or Xterminator Pro Auto Renewal Summary for the new and/or renewal policy period:

Owner Signature

Date

Broker Signature

Date