

“DELIVERY” IS OUR SPECIALTY

Pizza & Deli **Insurance Program**

Auto Risk Management Kit

Address: 3101 Emrick Blvd., Suite 318 Bethlehem PA 18020

Phone: 800.411.4144 **Fax:** 610.974.8574

Email: pizzainsurance@afcins.com

Web: www.afcpizza.com



We are a Program Administrator with over 100 years of combined staff experience insuring For-Profit and Not-For Profit Health and Human Services, Home Health Care, Home Medical Equipment, Paratransit/Non-Emergency Transportation, Commercial Child Care, and Pizza with delivery. Our program offers all lines of coverage, including property, auto, workers compensation, general liability, professional liability, abuse and molestation, liquor liability, crime, accident & health, D&O, EPLI, and special events coverage with an expansive appetite. With exceptional service through an experienced team, AFC Insurance delivers performance.

Contents

- Summary of coverages
- Delivery driver approval guidelines
- Driver approval request form
- Standard for pizza owners
- Delivery driver agreement
- Vehicle inspection record
- Disclosure and release form
- What to do in case of an accident
- Contact list



Summary for Coverage for Non-Owned Auto Liability

The following are excerpts from the standard auto policy defining owned and non-owned autos.

Definition of Coverage: “We (The Insurance Carrier) will pay all sums the insured must legally pay as damages because of bodily injury or property damage to which this insurance applies caused by an accident and resulting from the use of a covered non-owned auto.”

Non-Owned Auto

Definition: Only those “autos” you do not own, lease, hire or borrow that are used in connection with your business. This includes “autos” owned by your employees or partners or members of their households but only while used in your business.

Essentially, “Non-Owned Auto” Insurance protects the named insured against liability for bodily injury or property damage resulting from the use of non-owned autos. This coverage does not provide personal liability for the employee nor for any damage to the employee’s auto. The employee may wish to increase his/her liability limit when entering into employment as a delivery driver.

All delivery drivers must sign the delivery driver agreement form acknowledging their responsibility for their personal liability and auto physical damage. Please retain the agreement in your personnel files.

Please refer to your policies for details



Delivery Driver Approval Guidelines

TO: All Pizza Restaurant Delivery Operators

All drivers must be approved by the insurance company BEFORE driving any vehicle on behalf of the Pizza Restaurants. For approvals on a "same day" basis, the following information must be received by AFC Insurance no later than 3:00 p.m. Monday through Friday (except holidays and weekends).

DRIVER QUALIFICATIONS

- Drivers must be at least 18 years old in accordance with federal labor laws.
- Drivers must have a valid driver's license for at least 2 years.
- Drivers must have a valid, in-force driver's license for at least 2 years following a Suspended License.
- May qualify with up to two moving violations (*i.e. speed, improper lane changes, seatbelt, etc.*) OR one accident, regardless of fault, and one moving violation during the last 36 months.
- May not qualify with two accidents within the last 36 months, either at fault or not at fault.
- No major violations in the past 5 years (*i.e. Texting or Cell Phone violations, Distracted Driving, Driving Under the Influence of Alcohol or Drugs, Driving While Impaired, Reckless Driving, Careless Driving, Hit and Run, Speed Contest, Vehicular homicide or manslaughter, Attempting to elude a police officer, Driving while license is suspended or revoked, etc.*)
- Drivers on Watch may be declined if any further violations are added to MVR in future reviews.

INFORMATION NEEDED TO APPROVE DRIVER TO OPERATE EMPLOYEE-OWNED AUTO FOR DELIVERY:

1. **CURRENT DMV REPORT** (not more than 30 days old)
2. **PROOF OF INSURANCE:** Evidence of employee's insurance coverage (Insurance ID Card), effective and expiration dates, and description of vehicle insured.
3. **VEHICLE INSPECTION FORM** (sample included in the Auto Risk Management Kit)

SUBSTITUTE VEHICLES ARE NOT PERMITTED WITHOUT PROPER EVIDENCE OF INSURANCE ON THE AUTO, A COMPLETED VEHICLE INSPECTION FORM AND PREAPPROVAL FROM AFC INSURANCE.

Delivery Approval Request Form Pizza Restaurant

New Driver Information Attached

Driver Updates Attached

EMAIL TO: pizzainsurance@afcins.com

OR FAX TO: Delivery Driver Request

AFC Insurance Inc.

Phone: 800-411-4144

Fax: 610-974-8574

From: Insured's Name: _____

Policy Number: _____

Pages: _____ (including this cover sheet)

Please indicate where driver approval is to be returned:

Please fax approval to (Fax Number): _____

Please mail approval to: _____

Or, email approvals to: _____

REMEMBER, ALL DRIVERS MUST BE APPROVED PRIOR TO OPERATING A VEHICLE ON BEHALF OF YOUR RESTAURANT. PLEASE EMAIL, FAX OR MAIL THE FOLLOWING:

COMPANY OWNED AUTOS:

1. Current MOTOR VEHICLE REPORT
2. Delivery Driver Agreement

EMPLOYEE OWNED AUTOS:

1. Current MOTOR VEHICLE REPORT
2. Delivery Driver Agreement
3. Vehicle Inspection Form
4. Insurance ID Card with expiration date

Standards for Pizza Owners

WHEN YOU CONSIDER HIRING NEW DRIVERS:

- Recruit only those drivers meeting the “standards for drivers” for the AFC Insurance Delivery Auto Program. (This will require review of Motor Vehicle Reports.)
- Require all drivers to provide you with a copy of their personal auto insurance declarations page. (This way you can check the limits they carry and the expiration date of coverage.)
- Require all drivers to sign the AFC Insurance Delivery Driver Agreement (included in this kit).
- **Driver Training:** All drivers will take a delivery driving course. After the driver has passed the course, the Owner/Manager certifies that the course has been completed. During the first 3-4 days of employment, the driver will be assisted by more experienced personnel for further training.
- **Driver Training Is:**
 - Franchise/Corporate Approval Driver Course
 - Samples are available through AFC Insurance
- **Driver Cell Phone Policy:** During cell phone conversations please pull to the side of the road.

EVERY SIX MONTHS:

- Formally inspect all vehicles for delivery.
- Require all drivers to provide you with a copy of their auto insurance renewal. (Personal auto insurance is usually renewed on a six month basis.)

ON A DAILY BASIS:

- “Inspect your drivers” to be sure they are rested and not “under the influence” of alcohol or any other substance.
- Make a weather decision every day. Caution drivers about adverse driving conditions or suspend delivery operations during severe weather conditions (winter storms, dangerous thunderstorms, etc.)
- Do not allow drivers to carry passengers in delivery vehicles (except supervisors during training).
- NEVER GUARANTEE DELIVERY TIMES!

Delivery Driver Agreement

Drivers Name _____
(Please Print)

As a Delivery Driver for a pizza restaurant, I hereby agree to the following:

- I agree to comply with the standards and procedures set forth by the employer and with all other guidelines from time to time established for my Delivery Driver position.
- I will attend all scheduled driver meetings.
- I will use due care and caution in the operation of my delivery vehicle and will strictly comply with all safe driving rules of the road, including all speed limits, posted directional signs and parking regulations. Under no circumstances will I operate my delivery vehicle while under the influence of drugs or alcohol or when my physical or mental condition may be otherwise impaired.
- The vehicle I use for delivery services will:
 - Not be used for personal errands while going to, during, or returning from a delivery, unless directed by my employer.
 - Be maintained in good condition and repair.
 - Comply with all rules and regulations governing safe and unlawful operation.
 - Comply with all guidelines established by my employer.
- Attached to this Agreement is a true and complete copy of my current DMV report. I agree to provide updated DMV reports upon request and will immediately notify you if I am involved in any accidents or receive any subsequent citations during the course of my employment with the Pizza Restaurant.
- I understand that any violation of this Agreement or of any of the standards, procedures or guidelines applicable to my Delivery Driver position may result in suspension or termination. In particular, I acknowledge the need for utmost safety and due care in the operation of my delivery vehicle and in the conduct of delivery services.
- I understand and I am prohibited from carrying any passengers without management authorization. I will uphold the high driver standards of a Pizza Delivery Driver.

(Delivery Driver Agreement Continued)

Delivery Driver Agreement Continued

Drivers Name _____
(Please Print)

- I agree to only operate the vehicle approved by the insurance company and will not drive a substitute vehicle without carrier's prior approval.
- I agree to maintain my automobile insurance (including coverage for Bodily Injury, Property Damage, and Personal Liability) AT ALL TIMES while using my vehicle for delivery and will inform my employer if my insurance coverage is changed, canceled or not renewed.
- I understand that MY insurance is responsible if I am involved in an accident that causes injury or damage to another person and/or their property. I am also aware that my employer's insurance DOES NOT cover my vehicle for comprehensive or collision coverage.
- I am aware that some insurance companies attach a "Pizza Delivery Exclusion" on their auto policies and if I sign this exclusion I will have no insurance while I use my vehicle for delivery. I am also aware that if I am involved in an accident my employer's insurance will only cover me for my injuries, but will not cover my liability if I cause bodily injury or damage to another person and/or their property, or for any collision damage to my vehicle. I will immediately notify my employer if I have signed this exclusion or receive such exclusion.

Driver's Signature

Date

Insured's Signature

Date



PIZZA DELIVERY VEHICLE INSPECTION REPORT

OPERATOR _____

MAKE _____ VIN# _____

Exterior	<input type="checkbox"/> Good general appearance?	<input type="checkbox"/> Bumpers present and acceptable?	<input type="checkbox"/> Windshield wipers operable?	<input type="checkbox"/> External mirrors in place and adjusted?	<input type="checkbox"/> License tag present and valid?
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Comments: _____

Interior	<input type="checkbox"/> Rear view mirror present and adjusted?	<input type="checkbox"/> Windows clear of objects?	<input type="checkbox"/> Seat Belts present and operable?	<input type="checkbox"/> Does the horn work?	
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Comments: _____

Lights	<input type="checkbox"/> Headlights work?	<input type="checkbox"/> Turn Signals?	<input type="checkbox"/> Back up lights?	<input type="checkbox"/> Emergency Flashers	<input type="checkbox"/> Dome or interior lighting work?
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Comments: _____

Tires	<input type="checkbox"/> Tire condition	<input type="checkbox"/> Rims	<input type="checkbox"/> Tread	<input type="checkbox"/> Do brakes work?	
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Comments: _____

Reviewer: _____ DATE: _____

(Signature)

Note: Also validate operator owns the auto or has written permission to use it.

This checklist provides general information and procedures that may apply to many business operations; however, it is not a comprehensive treatise on the subject, nor a "turnkey" plan to be implemented. Consult with your staff and/or specialist to determine how best this information may guide you to specific plans for your operations. Additionally, this checklist does not substitute for legal advice, which should come from your own counsel. All recommendations described in this checklist are generic and not specific to your unique business operations.

DISCLOSURE AND RELEASE

In connection with my application for employment with you, I understand that a motor vehicle report containing public record information concerning my driving record may be requested.

I have the right to request the nature and substance of all information contained in my record including the source of this information and the recipients of my record.

I HEREBY CONSENT TO YOUR OBTAINING MY MOTOR VEHICLE RECORD AND I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE INFORMATION.

If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure my motor vehicle record at any time during my employment period.

Print Name

Driver's License/Date of Birth

Applicant's Signature

Date

Employer's Name (Please print)

What to do in case of an Accident Immediately:

1. Call 911 if there is an INJURY.
2. NOTIFY THE POLICY.
3. Complete this preliminary report and give it to your supervisor immediately.
4. FAX this form immediately to Fireman's Fund at 800-511-3720.
5. Forward a copy of the Driver's ENTIRE Auto Policy to Fireman's Fund within 24 hours of the accident.
6. COMPLY WITH ANY STATE FINANCIAL RESPONSIBILITY REQUIREMENTS.

Company Name _____

Address _____

Description of Accident: _____

Date: _____ Time: _____ Place: _____

Describe what happened: _____

USE A SEPARATE PAGE TO DRAW DIAGRAM
SHOW VEHICLES AND INCLUDE STREET OR HIGHWAY NAMES OR NUMBERS

Police at scene: Yes No Local State Police Report Made? Yes No _____ Report No.

YOUR VEHICLE: _____

Address: _____

Home Phone: _____ Office Phone: _____

OTHER VEHICLE: Driver: _____

Address: _____

Home Phone: _____ Office Phone: _____

Driver's License Number: _____ State: _____

Describe Damage: _____

Insurance Company/Policy No.: _____

List of all occupants of other vehicle(s):

1. _____ Phone: _____

If injured, describe: _____

2. _____ Phone: _____

If injured, describe: _____

NAMES AND ADDRESSES OF WITNESS:

1. _____ Phone: _____

2. _____ Phone: _____

TURN IN COMPLETED REPORT TO YOUR SUPERVISOR

Contact List

Fireman's Fund — First Claim Telephone Reporting:

Phone: 888-347-3428 or 888-FIREHAT

Web: www.firemansfund.com; click Report a Claim

Fireman's Fund — Direct Bill Questions/Issues

Phone: 800-527-5787

AFC Insurance Inc. — Program Administrator

Underwriter: Margie Wicks

Phone: 800-411-4144

Fax: 610-974-8574

Email: pizzainsurance@afcins.com or margie.wicks@afcins.com



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