



Preferred Pizza Delivery Hired and Non-Owned Auto Application

Section 1 – Company and Contact Information

Company Tax ID (EIN): _____ Company Name: _____ Policy Expire Date: _____

DBA: _____

Owners Name: _____ Year's as Franchisee: _____ Total Years of Experience: _____

Mailing Address:			Contact Persons Name:	
			Email:	
City:	State:	Zip:	Phone:	

Section 2 – Driver Information

# of Part-Time Drivers:			States which you deliver in:	
# of Full-Time Drivers:			# of Stores:	
Delivery Driver Payroll:				
Delivery Receipts (Annual Sales):				

Section 3 – Discount/Credit Questions

1.)Do you have driver safety standards and procedures?	
2.)Do all Drivers receive special internal training regarding Delivery Driver Safety?	
3.)Do you have a Driver Safety Orientation?	
4.)Do you report Claims within 24 hours of the accident and do accident investigation?	
5.)Do you have a process to inspect vehicles for proper maintainance and driver safety?	
6.)Do you use a formal process for screening driver applicants to ensure you are only hiring the best?	
7.)Do you run background checks on new driver applicants?	
9.)Do you run MVR's on new driver applicants?	
10.)Describe any other Driver Safety item you have in place to reduce and manage claims or describe past claims in more detail:	

_____ Authorized Person's Name	_____ Signature
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