

## **AUTO RISK MANAGEMENT KIT**



# **AFC Pizza**

*We deliver...for you!*

### **AFC INSURANCE PIZZA INSURANCE PROGRAM**

**95 HIGHLAND AVE, SUITE 150  
BETHLEHEM, PA 18017**

**(800) 411-4144**

**(866) 275-8375**

**pizzainsurance@afcins.com**

**www.afcpizza.com**

# **AUTO RISK MANAGEMENT KIT**

## **CONTENTS**

- SUMMARY OF COVERAGES
- DELIVERY DRIVER APPROVAL GUIDELINES
- DRIVER APPROVAL REQUEST FORM
- STANDARDS 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 pm 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.
- May qualify with up to two moving violations (i.e. speed, improper lane changes, etc.) or one at-fault accident and one moving violation during the last 36 months. May not qualify with two accidents within the last 36 months, unless the driver can provide evidence that at least one accident was not at-fault. Can not qualify with more than 2 accidents, whether at fault or not at fault.
- No major violations in the past 5 years (i.e. Driving Under the Influence, Reckless Driving, Hit and Run, Speed Contest, etc.).

## **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 showing policy limits, 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

FAX TO: DELIVERY DRIVER REQUEST  
AFC INSURANCE  
PHONE: 800-411-4144  
FAX NO: 866-275-8375

OR EMAIL TO: pizzainsurance@afcins.com

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 No.: \_\_\_\_\_  
 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 FAX OR MAIL THE FOLLOWING:

### COMPANY OWNED AUTOS:

1. Current MOTOR VEHICLE REPORT
2. Delivery Driver Agreement (Page 2)

### EMPLOYEE OWNED AUTOS:

1. Current MOTOR VEHICLE REPORT
2. INSURANCE (Front Page of Policy)
3. Vehicle Inspection Form

# 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 Approved 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:**

1. I agree to comply with the standards and procedures set forth by my employer and with all other guidelines from time to time established for my Delivery Driver position.
2. I will attend all scheduled driver meetings
3. 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.
4. 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 lawful operation.
  - Comply with all the guidelines established by my employer.
5. 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.
6. 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.
7. 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

Drivers Name: \_\_\_\_\_  
(Please Print)

8. I agree to only operate the vehicle approved by the insurance company and will not drive a substitute vehicle without carrier's prior approval.
9. 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.
10. 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.
11. 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# \_\_\_\_\_

<b>Exterior</b>	<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?
-----------------	---------------------------------------------------	----------------------------------------------------------	------------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------------

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Interior</b>	<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?	
-----------------	-----------------------------------------------------------------	----------------------------------------------------	-----------------------------------------------------------	----------------------------------------------	--

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Lights</b>	<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?
---------------	-------------------------------------------	----------------------------------------	------------------------------------------	---------------------------------------------	----------------------------------------------------------

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Tires</b>	<input type="checkbox"/> Tire condition	<input type="checkbox"/> Rims	<input type="checkbox"/> Tread	<input type="checkbox"/> Do brakes work?	
--------------	-----------------------------------------	-------------------------------	--------------------------------	------------------------------------------	--

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 No, /Date of Birth

---

Applicant's Signature

---

Date

---

Employer's Name (please print)

**AFC INSURANCE  
PIZZA INSURANCE PROGRAM**

**CONTACT LIST**

**Fireman's Fund – First Claim Telephone Reporting:**

888-347-3428 (phone)

Web-[www.firemansfund.com](http://www.firemansfund.com), click on Report a Claim

**Fireman's Fund – Direct Bill Questions/Issues**

800-527-5787 (phone)

**AFC Insurance**

800-411-4144 (phone)

866-275-8375 (fax)

[pizzainsurance@afcins.com](mailto:pizzainsurance@afcins.com) or

[art.lyons@afcins.com](mailto:art.lyons@afcins.com)

**AFC INSURANCE PIZZA INSURANCE PROGRAM  
95 HIGHLAND AVE, SUITE 150, BETHLEHEM, PA 18017  
PHONE: (800) 411-4144 FAX: (866) 275-8375 EMAIL: [pizzainsurance@afcins.com](mailto:pizzainsurance@afcins.com)**