

# Taxi Questionnaire



Policyholder:

Policy Number:

## Work Undertaken

Please confirm your licensing authority:

Please confirm all areas that you operate in under this licence:

Please complete the following table detailing your current business activities:

Nature of Work	% of turnover
Private Hire	
Public Hire	
School Contracts	
Section 19 - Community Transport	
Section 22 - Community Transport	
Courier/Delivery <i>(please provide full details below)</i>	

Do you anticipate any change in business undertakings? If yes, please provide details below. Yes  No

Are all vehicles owned by and registered to the above noted policyholder? If no, please provide full details below. Yes  No

Are any vehicles rented or leased to drivers? If yes, please confirm the minimum rental/lease duration below. Yes  No

Are any vehicles modified? (E.G. wheelchair access, stretched limos) Yes  No

Are any of your drivers self employed? Yes  No

If you have answered yes to the question above, do they operate exclusively for the policyholder? If they undertake work for other operators, please provide details below. Yes  No

What percentage of your drivers hold an EU driving licence *(as opposed to a UK driving licence)*?  %

Do any drivers hold any additional qualifications? *(E.G. 2 NVQ Certificate in Road Passenger Vehicle Driving)* If yes, please provide full details below. Yes  No

Please confirm what proportion of your drivers hold a PCO Licence?  %

Do you take a copy of all new drivers's licences at time of employment? Yes  No

How often are drivers's licences checked? *(E.G. half yearly/annually/never)*

Do you currently have fitted to your vehicles - cameras, telematics boxes or trackers? If yes, please provide full details below. Yes  No

If you have answered yes to the question above, would you be happy for the insurer to access this information in the event of a claim? Yes  No

**Would you be in agreement for our partners, Vision Track, to contact you to discuss your Fleet Camera options? If so, please provide a name and contact number below.** Yes  No

If you undertake Private Hire work, please provide the trading name along with the address and telephone number of the office where bookings are taken. If any other taxi operators use the same offic/telephone number, please advise:


## Additional Comments

*Please also attach any supporting documents.*


## Declaration

I/We understand the contents of this questionnaire and I/We declare that the information given is, to the best of my/our knowledge and belief, correct and complete.

Signature:

Name:

Position:

Date: