



Delivery Approval Request Form

New Driver Packet Current Driver Update

REMINDER:

ALL DRIVERS MUST BE APPROVED PRIOR TO OPERATING A VEHICLE ON BEHALF OF YOUR BUSINESS

3 OPTIONS available to GET US your driver information

UPLOAD : www.pizzasurance.com/updatedriver

EMAIL : Drivers@StrattonAgency.com

FAX : (866) 622-8138

FROM : Corporate Name _____ D.B.A. _____
Policy Number _____
Manager Name _____
Store Address _____
Store Location No. _____ Store Phone Number _____

PAGES : _____ (including this cover sheet)

Please indicate where driver approval is to be returned:

Fax Approvals to _____
 Email Approvals to _____

REQUIRED DOCUMENTS INCLUDE (All Drivers – Owned & Non-Owned Drivers)

1. Drivers Agreement
2. Valid DMV Motor Vehicle Report (MVR) – Dated within last 30 days

REQUIRED DOCUMENTS FOR NON-OWNED AUTO DRIVERS ONLY (in addition to above)

3. Valid Insurance Identification Card for vehicle(s) used by insured.
4. Vehicle Inspection (below)



(Retain in Employee File)

As a Delivery Driver for (Store Locations) _____ ,

I (Driver Name) _____ , hereby agree to the following:

1. I have read and understand the Delivery Driver Agreement. I agree to comply with the standards and procedures set forth in the said document and with all other guidelines established from time to time 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:
 - a. Be maintained in good condition and repair
 - b. Comply with all rules and regulations governing safe and lawful operation
 - c. 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 immediately notify you if I am involved in any accidents or receive any subsequent citations during the course of my employment.**
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 that I am prohibited from carrying any passengers without prior management authorization.
8. I agree to only operate the vehicle identified on the vehicle inspection form submitted to management and will not drive a substitute vehicle without management 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.** I have provided proof of insurance currently in force.
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 neither my employer nor his insurance will cover my vehicle for any damage, whatsoever.
11. **I will not use a cell phone or any other mobile device, while operating a vehicle.** If my employer requests I use one, I agree to only use it when it is safe to do so and when my vehicle is in Park.
12. I agree to provide my Manager a current DMV Report every 12 months or when requested.

Driver's Signature _____ Date _____



Motor Vehicle Report Release and Authorization

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.

Driver's Name _____ Driver License # _____

Driver's Signature _____ Driver License State _____

Driver's Birthdate _____

For Store Owner or Manager

I have reviewed this Driver Agreement with above named driver and have received the Required Documents per the Delivery Driver Guidelines.

Owner/Manager's Signature

Store Address

Date

REQUIRED DOCUMENTS INCLUDE (All Drivers – Owned & Non-Owned Drivers)

- 5. Drivers Agreement
- 6. Valid DMV Motor Vehicle Report (MVR) – Dated within last 30 days

REQUIRED DOCUMENTS FOR NON-OWNED AUTO DRIVERS ONLY (in addition to above)

- 7. Valid Insurance Identification Card for vehicle(s) used by insured.
- 8. Vehicle Inspection (below)

Note: Pizzasurance provides a complimentary web software called StratTrax to monitor and retain your employee information. If you are not setup with StratTrax contact your account manager today.



Store Employee File Only

VEHICLE INSPECTION RECORD

(Required for Employee-Owned Vehicles)

Store Address _____

Driver's Name _____

Please fill in the vehicle description & information section then indicate the condition of each item listed. A vehicle inspection should be completed at least once every six months or more frequently. All defects and needs should be explained in the comments section. **UNDER NO CIRCUMSTANCES ATTEMPT TO DRIVE A VEHICLE WHICH IS IN ANY WAY DEFECTIVE.** See your manager or supervisor at once.

Vehicle Description - Registration & Insurance Information		
Vehicle Year	Vehicle Make	Vehicle Model
Current Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	VIN
Current Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Expiration Date
INSPECT	OKAY	DEFECTS OR NEEDS / COMMENTS
1. Brakes (including parking)	<input type="checkbox"/>	
2. Head Lights (high & low beam)	<input type="checkbox"/>	
3. Turn Signals	<input type="checkbox"/>	
4. Glass	<input type="checkbox"/>	
5. Windshield Wipers	<input type="checkbox"/>	
6. Safety Belts	<input type="checkbox"/>	
7. Mirrors	<input type="checkbox"/>	
8. Horn	<input type="checkbox"/>	
9. Heater / Defroster	<input type="checkbox"/>	
10. Tire Tread	<input type="checkbox"/>	
11. Emergency Flashers	<input type="checkbox"/>	
12. Door Locks	<input type="checkbox"/>	

Owner/Manager's Signature

Store Address

Date