



**COMPANY VEHICLE FLEET
POLICY**

G & W EQUIPMENT

COMPANY VEHICLE FLEET & DOT POLICY

Overview

As a driver of a company vehicle, the authorized driver has been given certain privileges. He/she assumes the duty of obeying all motor vehicle laws, maintaining the vehicle properly at all times and, otherwise, following the policies and procedures outlined in the following.

Michael Sabbagh, President



Vehicle Fleet Purpose

Company vehicles are provided to support business activities and are to be used only by qualified and authorized employees. They are not to be considered a part of an employee's compensation and must not be used as an inducement for employment. In all cases, these vehicles are to be operated in strict compliance with motor vehicle laws of the jurisdiction in which they are driven and with the utmost regard for their care and cost-efficient use.

Company vehicles may not be used for business activities of other companies.

Driver Licensing

Company drivers and anyone authorized to drive the company vehicles must have a valid driver's license issued in the state of residence for the class of the vehicle being operated and must be able to drive a vehicle. Obtaining a driver's license is a personal expense.

Driver Qualifications

Driver qualifications are as follows:

1. Authorized employees of company
2. Must be at least 21 years of age
3. Have at least one year of experience in the class of vehicle operated
4. Must meet licensing requirements

5. Will not qualify for a company vehicle if, during the last 36 months, the driver had any of the following experiences:

- Been convicted of a felony
- Been convicted of sale, handling or use of drugs
- Has automobile insurance cancelled, declined or not renewed by the insurance carrier
- Been convicted of an alcohol or drug related offense while driving
- Had driver's license suspended or revoked
- Been convicted of three or more speeding violations or one or more other serious violations
- Been involved in two or more chargeable accidents

Review of Motor Vehicle Record

State Motor Vehicle Records (MVR's) will be used as the source for verifying driver history. MVR's will be obtained and reviewed at least annually. Driving privileges may be withdrawn or suspended and/or the company vehicles removed for any authorized driver not meeting the above requirements. In addition, appropriate disciplinary actions may be taken.

Driver Accountability Policy

1. Employee driving records will be checked at least once every twelve months to assure that employees have an acceptable driving record. More frequent MVR checks may occur on the grounds of reasonable suspicion.

G & W Equipment Inc. requires any employee who regularly drives a company vehicle must maintain an accident free or near accident free driving record. If any driver is involved in a serious accident or more than one accident within four years, their driving privileges with G & W Equipment will be revoked.

Drivers are responsible for the following:

1. To maintain good health
2. To maintain a current and valid Driver's License
3. To maintain a current and valid CDL License (if applicable)
 - a. You will not be notified by G & W Equipment Inc. when your license is going to expire. You are required to renew your license at the prescribed time.
 - b. CDL drivers required to log hours of service shall follow hours of service regulation and turn in hour logs, weekly.
 - c. CDL drivers shall conduct pre trip, post trip and in-route inspections as required by the DOT.
 - d. Maintain a good health certification card
 - i. CDL Drivers (every 2 years you will be notified by the Doctor that your physical is due),
 - ii. Drivers not notified shall inform their supervisor that they have been contacted by the doctor 30 days before for their DOT physical is due.
4. Training
 - a. Drivers shall attend required defensive driver training.

- b. Drivers shall attend re training scheduled as a result of a behind the wheel evaluation or vehicle accident or incident.

5. Vehicle Inspections

- a. You are to notify G & W Equipment Inc. when your vehicle is within 30 days of needing an inspection of any kind.

Citations:

1. All citation issued will be the responsibility of the Driver.

Personal Use

Certain drivers will have the option of using the company vehicles for limited personal use (i.e. sales representatives). If you are afforded this option you will abide by the following:

1. Only authorized employees are allowed to operate the vehicle.
2. The vehicle is not to be used for extended out of town trips and is limited to an annual personal usage of 6,000 miles.
3. Personal trailers, including boat and recreational vehicles, are not to be pulled.
4. The company vehicle is not to be driven while under the influence of alcohol or illegal drugs.
5. Driver and all passengers must wear available personal restraints.
6. If you elect to use the vehicle for personal use, \$100 per month will be deducted from your regular paycheck until written notice to terminate this election is submitted to the payroll department.

Maintenance & Inspections All Vehicles (Pre Trip & Post Trip)

Authorized drivers are required to properly maintain their company vehicles at all times. Vehicles should not be operated with any known defect/s that would inhibit safe operation during current and foreseeable weather and lighting conditions. Preventative maintenance such as regular oil changes, lubrication and tire pressure and fluid checks determine to a large extent whether you will have a reliable, safe vehicle to drive and support work activities. All required maintenance will be accomplished on a timely basis and consistent with written guidelines provided to me from time to time by G&W Equipment, Inc. Payment for all planned maintenance and repair services will be made with the Enterprise Fleet Service Card unless other arrangements are made with your supervisor.

All drivers of company vehicles must conduct a per trip and post trip visual safety and PM inspection of the vehicle. DOT regulated drivers are required to document per trip and post trip inspections. Additionally DOT drivers are required to conduct a visual in-route inspections every 150 miles or every (3) three hours of continuous driving. The inspection must include a check of tires and the load to assure it is secure during transportation.

Traffic Violations/Expired Inspections

Fines for parking, moving violations and expired safety/emissions inspections are the personal responsibility of the assigned operator. The company will not condone nor excuse ignorance of traffic citations that result in court summons being directed to itself as owner of the vehicle.

Each driver is required to report all moving violations to their supervisor within 24 hours. This requirement applies to violations involving the use of any vehicle while on company business. Failure to report violations will result in appropriate disciplinary actions.

Accidents Involving Company Vehicles

In the event of an accident:

1. Assure that it is safe before getting out of your vehicle
2. Tend to the injured and be cautious of providing medical treatment
3. Do not admit negligence or liability
4. Do not attempt settlement, regardless of how minor
5. Get name, address and phone number of all involved parties including witnesses if available. (Witness information is vital to an investigation).
6. Exchange vehicle identification, insurance company name and policy numbers with other drivers.
7. Take a photograph of the scene of accident if possible.
8. Call the police in all circumstances and get responding officer's

information and how to obtain copies of the **POLICE accident report**.

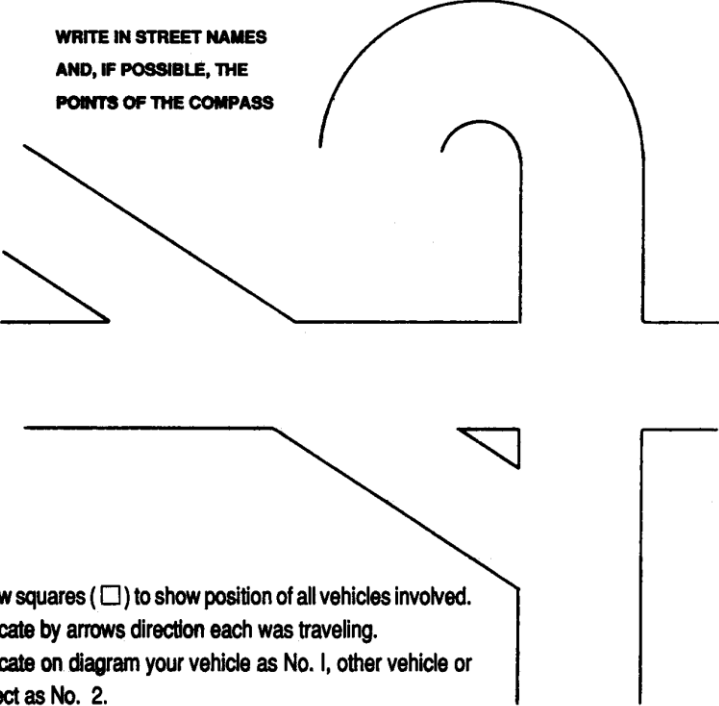
9. Complete a brief accident report in your vehicle.
10. Turn all information in to your supervisor within 24 hours.
11. Report all accidents on the following report document

G & W Equipment Inc, Motor Vehicle Accident Report Form

Complete this report on every accident promptly. **Claim #** (Obtain from the Insurance Carrier) _____

1. CONTACT- INFORMATION	Location Manager		Business Phone	
	Local Business Address		City	State
2. VEHICLE INFORMATION	Make, Model, and Year	Vehicle Identification No.		License Plate No.
	Garaged at		If truck, give weight in lbs.	Est. Cost of Repairs (if known) \$
	Parts Damaged			
	Name and Address of Owner (if not a company owned vehicle)			
3. TRAILER, IF ANY	Make and Year	Identification No.		License Plate No.
	Parts Damaged			
	Name and Address of Owner (if not company vehicle)		Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lessor
4. DRIVER & PASSENGERS OF VEHICLE	Driver's Name		Telephone No.	
	Driver's Home Address		Drv'r's Lic. No. State:	Date of Birth
	Passenger Name and Address		Telephone No.	
5. OTHER VEHICLE OR PROPERTY INVOLVED	Owner's Name and Address		Telephone No.	
	Vehicle Make, Model, and Year		Lic. Plate No.	Ins. Carrier
	Nature of Damage		Estimated Cost of Repair	
6. DRIVER AND PASSENGERS OF OTHER VEHICLE	Operator's Name and Address		Telephone No.	
	Passenger Name and Address		Telephone No.	
	Passenger Name and Address		Telephone No.	
7. INJURED PERSONS	Name and Address		Injury	
	Name and Address		Injury	
	Hospital Where Taken			
8. DATE, TIME, PLACE	ACCIDENT DESCRIPTION MUST BE SHOWN ON PAGE TWO			
	Date of Accident	Time	Exact Location of Accident	
9. (POLICE REPORT REQUIRED FOR ALL ACCIDENTS) ANY WITNESSES	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	What Station, Town, City or Department?	Was Police Report obtained and sent to East Coast?	Police Report Number:
	Date Reported:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Witness Name and Address		Telephone No.	
Witness Name and Address		Telephone No.		

Driver's Written Description of Accident (Must be in detail) (Please Type or Print):

<p style="text-align: center;">WRITE IN STREET NAMES AND, IF POSSIBLE, THE POINTS OF THE COMPASS</p>  <p style="text-align: center;">Draw squares (□) to show position of all vehicles involved. Indicate by arrows direction each was traveling. Indicate on diagram your vehicle as No. 1, other vehicle or object as No. 2.</p>	<p>ADDITIONAL REMARKS</p>
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Comments of Driver's Supervisor:

Supervisor's Signature: _____ (Was the accident preventable): Yes No

Accident Review Committee: _____ (Was the accident preventable): Yes No



Thefts

Company vehicles shall not be left running or left unsecure. The vehicle must be chocked and all doors and compartments must be kept locked when the vehicle is unattended. An unattended vehicle shall be defined as; a vehicle that is 25 feet or more from an employee, and/or a vehicle that is not within view of the driver. In the event of a theft of a company vehicle, notify local police and your supervisor immediately.

Driver Responsibility

Each driver is responsible for the actual possession, care and use of the company vehicle in their possession. Therefore, driver's responsibilities include but are not limited to the following:

1. Operation of the vehicle in a manner consistent with reasonable practices that avoid abuse, theft, neglect or disrespect of the equipment.
2. Obey all traffic laws.
3. The use of seat belts is mandatory for driver and passengers.
4. Adhering to manufacturer's recommendations regarding service, maintenance and inspection. Vehicles should not be operated with any defect that would prevent safe operation.
5. Attention to and practice of safe driving techniques and adherence to current safety requirements.
6. Restricting the use of vehicles to authorized driver only.
7. Reporting the occurrence of moving violations.

8. Accurate, comprehensive and timely reporting of all accidents by an authorized driver and thefts of a company vehicle to the company.
9. Drivers shall never communicate by text messages while driving. As a safe practice, all drivers are encouraged to not speak on a hand held cell phone. If you must speak on the phone, it is best to utilize a hands free setting/device.
10. DOT Regulated Drivers:
 - a. Drivers that operate a commercially licensed vehicle as defined by the DOT shall not use a hand held cell phone device and are not required to answer a hand held cell phone while driving. Drivers that receive a call, which is believed to be urgent, shall pull over to a safe area and then return the call from a safe location or rest stop.
 - b. Drivers that operate a vehicle over 10,001 lbs. GVW (Gross Vehicle Weight) shall retain a DOT health certificate every two (2) years.
 - c. Drivers hauling equipment and or other materials shall observe all DOT regulated standards for tied down and load securement.

NOTE: All Drivers shall pass the company qualification process before driving for G & W Equipment Inc.

Drivers of company vehicle must review this document or have it explained to them and sign The Company EMPLOYEE ACKNOWLEDGMENT OF FLEET SAFETY POLICY FORM.

Failure to comply with any of the driver responsibilities in this policy may result in disciplinary action and possible dismissal.

EMPLOYEE ACKNOWLEDGMENT OF FLEET SAFETY POLICY

This is to confirm that I, _____
acknowledge that I understand or have been instructed on my
company's Fleet Safety Policy. I understand my responsibilities as
a driver of a company vehicle and if applicable the DOT Federal
Motor Carrier Safety Administration laws, relevant to safe
commercial motor vehicle operations.

I authorize my employer to review my motor vehicle driving
record and I understand that I am responsible for notifying my
company immediately, should I receive a traffic summons or have
a vehicle accident, regardless of how minor.

I understand that I must report all accidents to my supervisor and
operate a company vehicle in a safe manner, observing all local,
State and Federal laws and that I must attend any company
provided driver training and drive defensively to prevent
accidents, injuries and property damage.

I agree to abide by the rules in this safety policy. I understand
that this policy in no way constitutes a contract and cannot be
construed as such, either in whole or part. Furthermore, I
understand that management reserves the right to change,
modify or cancel the contents of this policy in whole or in part at
any time.

Employee's Name – Printed

Employee's Name – Signature

Date

