



2022 BENCHMARKING SURVEY QUESTIONNAIRE



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INTRODUCTORY INFORMATION

The National Private Truck Council is conducting its 2022 Benchmarking Survey, sponsored by [Penske Truck Leasing Company](#). Reflecting performance achieved in the 2021 calendar year, this survey is designed for the benefit of our members and the private fleet community. The purpose is to help you benchmark your operation to other best-in-class performers, thereby validating your performance and identifying areas of opportunity for improvement and enhancement.

The final report of the Benchmarking Report will be released on August 1, 2022. Participants in the survey will be invited to sit in on a special pre-release webcast to review the results in detail. In addition, those companies that participate in the survey are welcome to request specialized, customized reports to better calibrate their operation against best-in-class performers.

Since many of you operate distinct private fleet operations (i.e. long-haul, DSD, interplant, etc.), and in order to make the survey more meaningful, please consider filling out separate surveys for each distinct operation. This will help ensure an apples-to-apples comparison in addition to providing you with a more valuable report.

We understand the essentiality of keeping your responses completely confidential. YOUR COMPANY'S RESPONSES WILL NOT BE REPORTED TO OTHER FLEET MEMBERS, SPONSORS, OR ALLIED MEMBERS. IN FACT, YOUR SUBMISSION WILL NOT BE SHARED WITH ANYONE, RATHER THEY WILL SIMPLY BE AGGREGATED INTO A BROAD DATA SET FOR ANALYSIS OF TRENDS AND INDUSTRY STANDARDS.

In order to make the data collection process less cumbersome, you can request to see the survey that your company submitted last year. If you would like to arrange a conference call to review your data, or if you have any questions while answering the survey, please feel free to contact Tom Moore, CTP directly at tmoore@nptc.org or (703)838-8898.

GENERAL INFORMATION

1. What are the primary reasons your company operates a private fleet?

1.
2.
3.

2. What is the primary industry in which your company competes?

3. What are the principal commodities or products your private fleet hauls for your company?

4. How do your freight movements in 2021 compare to the previous year (by percentage) in the following categories?

By shipments

By value

By volume/tonnage

By miles

5. What are the top issues/challenges you face in your operation?

1.
2.
3.

6. What were your most significant achievements in 2021?

1.
2.

7. Please indicate any NEW initiatives that have improved cost, safety, or performance for your company instituted in 2021:

EQUIPMENT INFORMATION

1. Please answer the following for the **POWER UNITS** in your private fleet:

HEAVY-DUTY Class 8 power units = GVWR greater than 33,001 pounds | HEAVY-DUTY Class 7 power units = GVWR of 26,001 to 33,000 pounds

MEDIUM-DUTY Class 6 power units = GVWR of 19,501–26,000 pounds | MEDIUM-DUTY Class 5 power units = GVWR of 16,001–19,500 pounds

MEDIUM-DUTY Class 4 power units = GVWR of 14,001–16,000 pounds | MEDIUM-DUTY Class 3 power units = GVWR of 10,001–14,000 pounds

	Number Owned	% Change from 2020	Number Leased	% Change from 2020	Number Rented (Annualized)	% Change from 2020	TOTAL
Class 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

2. Please answer the following for the POWER UNITS in your private fleet:

	Trade Cycle (Years)	Trade Cycle (Miles)	Avg. Annual Miles Per Unit	Avg. Equip. Age
Class 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Thinking about trade cycles, average annual miles or average equipment age, what changes did you make from 2020 to 2021?

4. Do you have responsibility for any LIGHT-DUTY vehicles (under 10,000 lbs. GVWR) in your fleet?

Yes No

5. If you lease your POWER UNITS, please list the percentage you use the following types of leases:

	Finance Lease with Maint.	Full-Service Lease	Fair Market Value Lease	TRAC Lease	Operating Lease
Class 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Please list the percentage of your power unit population that uses the following fuel types:

	GASOLINE	DIESEL	LNG	CNG	HYBRID	ELECTRIC
HEAVY-DUTY Class 7 & 8						
MEDIUM-DUTY Class 3-6						

7. Please complete the following regarding mileage and fuel for 2021:

	HEAVY-DUTY	MEDIUM-DUTY
Average Miles Per Gallon		

8. Please answer the following based on the TRAILERS in your private fleet:

	Number Owned	% Change from 2020	Number Leased	% Change from 2020	Number Rented (Annualized)	% Change from 2020	TOTAL
Van							
Refrigerated							
Flatbed							
Bulk							
Other							
TOTAL							

9. What type of trailer leases do you use?

10. **What are your new tractor and truck equipment purchasing plans for 2022?**

	INCREASE %	DECREASE %	NO CHANGE
Class 8 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Class 7 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Class 6 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Class 5 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Class 4 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Class 3 Power Units	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>

11. **What are your new trailer equipment purchasing plans for 2022?**

	INCREASE %	DECREASE %	NO CHANGE
Van Trailers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Refrigerated Trailers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Flatbed Trailers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Bulk Trailers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>
Other Trailers	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>

12. **How has equipment availability affected your fleet? Please explain.**

13. **Do you purchase used equipment?**

Yes No

Please explain:

14. **How do you dispose of your power equipment?**

Wholesale Retail Auction Leasing Company

Other Please explain:

EQUIPMENT UTILIZATION

1. What is the total annual mileage for your fleet in 2021:

2. What is your average miles per truck per week for the following years?

2021

2020

3. What percentage of your fleet's loads or shipments:

CUBE OUT

WEIGH OUT

STOP OUT

AVERAGE PAYLOAD WEIGHT

4. **TRACTOR UTILIZATION: Out of a normal 24-hour period, what is the average number of hours that your truck operates?** [NOTE: operational hours includes all productive time for pickup/loading, delivery/unloading and driving. It does NOT include non-productive hours such as time in the shop, time in the yard not operating, layover/sleeper berth]

5. What is your trailer dormancy rate (percentage of time your average trailer sits during the course of the average week)?

6. What is the average number of trips your average trailer is used during the typical week?

7. What percent of your dispatch is under load?

FLEET MAINTENANCE

1. **What is your power units' breakdown percentage (breakdowns per 100,000 miles)?**

2. **What are the leading causes of those breakdowns?**

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lighting | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fuel System |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Tires | <input type="checkbox"/> Drivetrain | <input type="checkbox"/> Cooling system |
| <input type="checkbox"/> Emissions | <input type="checkbox"/> Other <small>(please specify)</small> | <input style="width: 100%; height: 20px;" type="text"/> | |

3. **Please answer the following about breakdowns:**

Average cost per breakdown	<input style="width: 100%; height: 20px;" type="text"/>
Average number of miles between breakdowns	<input style="width: 100%; height: 20px;" type="text"/>
Average downtime of a breakdown	<input style="width: 100%; height: 20px;" type="text"/>
Percentage of breakdowns that include DOT out-of-service infractions	<input style="width: 100%; height: 20px;" type="text"/>

4. **What is your power unit's PM currency rate?** (For the purposes of this survey, PM currency is defined as "Total class population minus number of PM's past due divided by total class population equals percentage of PM's complete)

- | | | | |
|---------------------------------|------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> 100% | <input type="checkbox"/> 95-99% | <input type="checkbox"/> 90-94% | <input type="checkbox"/> 85-89% |
| <input type="checkbox"/> 80-84% | <input type="checkbox"/> Below 80% | <input type="checkbox"/> Don't know | |

5. **Percentage of your maintenance spend that is conducted:**

	2021	2020
In-house	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Outsourced	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<small>NOTE: SHOULD ADD UP TO 100%</small>	<small>NOTE: SHOULD ADD UP TO 100%</small>

6. **When maintenance is outsourced, where is it conducted by percentage?**

Full-service Lease Provider	<input style="width: 100%; height: 20px;" type="text"/>	
OEM Dealer	<input style="width: 100%; height: 20px;" type="text"/>	
Independent Provider	<input style="width: 100%; height: 20px;" type="text"/>	
Other	<input style="width: 100%; height: 20px;" type="text"/>	Please list other locations: <input style="width: 100%; height: 20px;" type="text"/>

PERSONNEL

1. Please list the number of drivers in the following categories:

	TOTAL NUMBER	UNION %	NON-UNION %
Full-Time Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner-Operators	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time leased	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary (full-time equivalents)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. What percent of your drivers are non-CDL drivers?

3. What percentage of your workforce do team drivers comprise?

4. What percentage of your total mileage is run by teams?

5. What is the total headcount of the staff employed to support your private fleet operation?

6. How does that support staff breakdown in the following categories?

Driver Managers/Supervisors (Direct management of drivers)	<input type="text"/>	IT (Technology and systems integration and admin.)	<input type="text"/>
Driver Training (Orientation, evaluation and scorecarding)	<input type="text"/>	Human Resources (Driver hiring and recruiting)	<input type="text"/>
Safety and Compliance (Accident prevention, risk management, FMCSR and DOT compliance)	<input type="text"/>	Tax/Registration (Vehicle tax/title/licensing/local operating compliance)	<input type="text"/>
Dispatching, Routing and Load Assignment (Dispatching functions)	<input type="text"/>	Fleet Administration/Management (Responsible for entire operation and not a segment)	<input type="text"/>
Maintenance and Equipment (Technicians, spec's, parts management)	<input type="text"/>	Backhaul (Brokerage and outside freight services)	<input type="text"/>
Accounting (Billing/payroll/financials)	<input type="text"/>	Other	<input type="text"/>
TOTAL	<input type="text"/>		

7. What percent of your private fleet workforce is represented by contractors or outside service providers?

8. What are the minimum qualifications to drive for your fleet?

Age Years' experience

Other (please list)

9. Do you use any of the following screening programs?

Hair follicle testing Personality profiling Functional capacity testing PSP

Credit checks Felony background checks Other (please specify)

10. What is the total number of drivers lost in 2021 for any reason?

Total Drivers Lost Annual Turnover Rate
(number of drivers lost divided by total drivers)

11. What is your turnover rate measured by time in service?

0 - 30 days	<input type="text"/>	6 months - 1 year	<input type="text"/>
31 - 60 days	<input type="text"/>	1 - 5 years	<input type="text"/>
60 - 90 days	<input type="text"/>	5 - 10 years	<input type="text"/>
3 - 6 months	<input type="text"/>	10 years or greater	<input type="text"/>

12. What is the average cost of turnover/onboarding a new driver?

13. By percentages, what is the primary reason most drivers leave your company:

For another driving job	<input type="text"/>	For another job outside the industry	<input type="text"/>
Retirement	<input type="text"/>	Discipline	<input type="text"/>
Death	<input type="text"/>	Change in Business	<input type="text"/>
Medical disqualification	<input type="text"/>	Compensation	<input type="text"/>
Overtime/lack of overtime	<input type="text"/>	Covid-related	<input type="text"/>
Work-Life balance	<input type="text"/>	Home time	<input type="text"/>
Equipment-related	<input type="text"/>	Internal management	<input type="text"/>
Other	<input type="text"/>		

14. In the average week, how many hours does the average driver spend doing the following:

Driving	<input type="text"/>	Pre- and post-trip inspections	<input type="text"/>
Loading Product	<input type="text"/>	Paperwork	<input type="text"/>
Unloading Product	<input type="text"/>	Yard Movements	<input type="text"/>
Other duties at start/end of shift	<input type="text"/>	Please explain any other duties:	<input type="text"/>
TOTAL			<input type="text"/>

15. DRIVER UTILIZATION: How many hours per week was your average driver on-duty in 2021? [NOTE: Do not include vacation, sick leave, or holidays]

16. What percentage of your driver workforce is:

HOME EVERY NIGHT	OUT OVERNIGHT	OUT MORE THAN 2 NIGHTS A WEEK
<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Does your company have a wellness program?

Yes
 No
 Don't Know

18. **Please check all components of your company's wellness program:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Sleep management education/testing | <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Exercise programs |
| <input type="checkbox"/> Nutritional Counseling | <input type="checkbox"/> Mental Counseling | <input type="checkbox"/> Grief Counseling |
| <input type="checkbox"/> Sleep Management testing | <input type="checkbox"/> Weight Management | |
| <input type="checkbox"/> Other (please list): | <input type="text"/> | |

19. **What is the average age of your driver workforce?**

20. **What programs have you instituted to enhance driver retention and engagement?**

21. **DRIVER TENURE: What is the average number of years your driver workforce has been with your company?**

22. **By percentage, where did your new driver hires work prior to joining your company?**

Internal (somewhere else in your company)	<input type="text"/>	Another Private Fleet	<input type="text"/>
For-hire LTL	<input type="text"/>	For-hire Truckload	<input type="text"/>
Military	<input type="text"/>	Driver Schools	<input type="text"/>
Other	<input type="text"/>	Please explain:	<input type="text"/>

23. **How do you recruit new drivers?**

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Use of temp to hire | <input type="checkbox"/> Driver training programs | <input type="checkbox"/> Recruiting/staffing agency that does direct placements | |
| <input type="checkbox"/> Referrals | <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

24. **Do you offer sign-on bonuses?**

- Yes No

Please explain:

25. **What is the average number of candidates you have to review, screen and/or interview to get one driver?**

26. **What is the average age of your new driver hire?**

27. **What is the average amount of experience of new driver hires?**

28. **What is your average time to hire for drivers? Time to hire is defined as first contact (recruiter, contact, screening call, online contact, etc.) to first day worked.**

29. **What is the average time it takes to recruit, screen, and extend a job offer to a new driver hire?**

30. **What is the average time it takes to complete your qualification process? (job offer to first day employed)**

31. **What has changed in your hiring standards during the past two years?**

PERSONNEL- COMPENSATION

1. What is the average full-time driver's annual W-2 gross wages?

2. What is the average annual driver compensation?

Starting

After 1 year

After 3 years

Maximum

3. For each of the following categories, what is the average annual driver compensation?

	OVER-THE-ROAD	REGIONAL	LOCAL
Starting	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
After 1 year	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
After 3 years	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Maximum	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

4. How are your drivers paid (please check all that apply)?

	Over-the-Road	Regional-Multi-Stop	Intraplant
Hourly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mileage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity-Based (Performance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you offer an annual guaranteed minimum pay package?

Yes
 No
 Don't Know

6. How often are you changing pay rates and why?

7. For mileage-based pay, what is your average pay rate?

STARTING	YEAR ONE	MAXIMUM
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

8. For hourly-based pay, what is your average pay rate?

STARTING	YEAR ONE	MAXIMUM
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. If you utilize activity-based/ performance pay, what are the components?

10. Please check all components available to a driver in your company's benefit package:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Tuition Reimbursement | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> Paid Sick Days | <input type="checkbox"/> Paid holidays | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Family leave |
| <input type="checkbox"/> Short-term disability | <input type="checkbox"/> Long-term disability | <input type="checkbox"/> Vision | <input type="checkbox"/> Funeral leave |
| <input type="checkbox"/> 401k | <input type="checkbox"/> Continuing education | <input type="checkbox"/> Profit sharing | <input type="checkbox"/> Vacation |

Other (please specify):

11. In addition to regular compensation, do your drivers receive incentive or bonus pay?

- Yes No Don't Know

12. What is the average incentive potential (as a percent of base total pay)?

13. If you offer incentive pay, check all the components/metrics used:

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Productivity | <input type="checkbox"/> On-time percentage | <input type="checkbox"/> Compliance |
| <input type="checkbox"/> New Hire Referral | <input type="checkbox"/> MPG | <input type="checkbox"/> Company Goals | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Appearance | <input type="checkbox"/> Retention | <input type="checkbox"/> Idle Time | <input type="checkbox"/> Customer Service |

Stop pay Other (please specify)

14. What percent of your fleet's budget is earmarked for training?

Percent of Budget for Training	How has that changed from last year?
<input type="text"/>	<input type="text"/>

15. What kinds of training do you conduct?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Orientation/on-boarding | <input type="checkbox"/> General safety | <input type="checkbox"/> Remedial safety | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Material handling/injury prevention | <input type="checkbox"/> Customer service | <input type="checkbox"/> Financial planning | <input type="checkbox"/> Driver wellness |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | | |

16. What training platforms are used?

- | | | | |
|---|---|--------------------------------|--|
| <input type="checkbox"/> Instructor-led/Classroom | <input type="checkbox"/> Computer-based | <input type="checkbox"/> Video | <input type="checkbox"/> Virtual Reality |
|---|---|--------------------------------|--|

OPERATIONS

1. **What's the number of total terminal, distribution, maintenance and/or physical locations in your operation?**

2. **How has that changed from 2020?**

3. **What is the average number of the following per location?**

TRUCKS PER LOCATION

DRIVERS PER LOCATION

4. **Is your private fleet used as leverage against for-hire carriers?**

Yes

No

Don't Know

5. **What has been the impact of the for-hire capacity shortage affected your private fleet?**

6. **Beyond normal replacement cycles and over the next five years my fleet will (check all that apply):**

Please specify percentage change:

Add equipment (net growth in size of fleet)

Handle more of my company's freight

Eliminate equipment (net reduction in size of fleet)

Handle less of my company's freight

Stay the same size

7. **What are the reasons for this?**

8. **For comparison purposes, do you benchmark typical for-hire cost-per-mile in lane bands with similar length of haul?**

Yes

No

Don't Know

9. **What percentage of your operation (measured by equipment) is slip-seated?**

10. What are your strategies for improving backhaul utilization?

11. Does your fleet have for-hire authority and solicit non-company backhaul freight?

- Yes
 No
 Don't Know

12. Which takes priority?

- Contract Freight
 Company Freight
 Equal Priority

13. Does your private fleet have its own transportation sales force?

- Yes
 No
 Don't Know

14. Does your private fleet use broker or internet sites to find backhauls?

- Yes
 No
 Don't Know

15. Does your fleet act as a broker or transportation department to move loads it cannot or does not want to move with its private fleet?

- Yes
 No
 Don't Know

16. What measures of customer service do you track? (check all that apply):

	Average 2021 Performance		Average 2021 Performance
<input type="checkbox"/> Early delivery	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Cost per mile	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Late delivery	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Cost per stop	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Customer comments	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Cost per case	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> On-time delivery	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Cost per pallet	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Delivery accuracy	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Stops/Route	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Delivery within customer or store time window	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Routes/Day	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> OS&D	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Safety scores	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Dwell/unload time	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Formal customer surveys	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> MPG	<input style="width: 100%;" type="text"/>		

17. If on-time delivery is tracked, please check the standard to which your fleet is measured:

- +/- 10 minutes
 +/- 15 minutes
 +/- 30 minutes
 +/- 45 minutes
 +/- 60 minutes
 Other (please specify):

OUTBOUND OPERATIONS

1. What percentage of your company's OUTBOUND freight volume is handled by the following?

Private Fleet	<input style="width: 100%; height: 20px;" type="text"/>
For-Hire Carrier (transactional TL or LTL freight movements)	<input style="width: 100%; height: 20px;" type="text"/>
Dedicated/Third-Party Provider (longer-term contractual arrangement provided by for-hire carrier, dedicated carrier)	<input style="width: 100%; height: 20px;" type="text"/>
Rail	<input style="width: 100%; height: 20px;" type="text"/>
Other (please explain)	<input style="width: 100%; height: 20px;" type="text"/>

TOTAL should equal 100%

2. How do you decide which geographies or customers to serve yourself or to outsource?

3. Please provide the following information about your PRIVATE FLEET OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Private Fleet to Retail Outlet	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Private Fleet to Distribution Center	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Private Fleet Interplant	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

4. Which are your fleet's primary delivery locations (check all that apply)

- | | | | |
|---------------------------------|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Stores | <input type="checkbox"/> Homes | <input type="checkbox"/> Distribution centers | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Hotels | <input type="checkbox"/> Restaurants | | |

5. Please provide the following information about your FOR-HIRE OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
For-hire to Retail Outlet			
For-hire to Distribution Center			
For-hire Interplant			

6. Please provide the following information about your DEDICATED/ THIRD-PARTY OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Dedicated/Third-Party to Retail Outlet			
Dedicated/Third-Party to Distribution Center			
Dedicated/Third-Party Interplant			

7. Please provide the following information about your RAIL OUTBOUND MOVES:

	Percentage of Outbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Rail to Retail Outlet			
Rail to Distribution Center			
Interplant			

INBOUND OPERATIONS

1. Please describe how your company's inbound freight volume is handled below:

	Percentage of Inbound	Average One-Way Length of Haul (Miles)	Average Number of Stops
Private Fleet	<input type="text"/>	<input type="text"/>	<input type="text"/>
For-Hire Carrier	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dedicated/Third-Party	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rail	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vendor/Supplier	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ocean	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>		

TECHNOLOGY

1. Does your fleet use on-board, GPS-enabled computers, or electronic logging devices)?

- Yes
 No
 Don't Know

2. Please check all the data that your on-board computers collect:

- Driving Performance
 Long item time
 MPG
 Payroll
- E-logs
 Fuel tax
 Sudden stops
 Non-driving performance (deliveries)
- Progressive Shifting
 On-time Percentage
 Speeding
 Equipment Performance (maintenance related)
- Other (please specify):

3. Does your private fleet use any back-office computer programs and/or software?

- Yes
 No
 Don't Know

4. Please check the types of information your company collects using the programs/software:

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Dispatch | <input type="checkbox"/> Payroll | <input type="checkbox"/> Fuel tax | <input type="checkbox"/> Payload |
| <input type="checkbox"/> Out of route miles | <input type="checkbox"/> Safety | <input type="checkbox"/> On-time Percentage | <input type="checkbox"/> Planned vs. Actual |
| <input type="checkbox"/> Routing | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other (please specify) | <input type="text"/> |

5. What is your biggest challenge leveraging technology for your fleet?

6. Are your straight trucks equipped with GPS tracking device?

- Yes What percentage is equipped?
- No

7. What other technologies do you use or have you used on your trailers or straight trucks?

- | | | |
|--|---|--|
| <input type="checkbox"/> Tire pressure management system | <input type="checkbox"/> Liftgate performance monitoring | <input type="checkbox"/> Wheel end and/or brake monitoring |
| <input type="checkbox"/> Light & electrical monitoring | <input type="checkbox"/> Back-up cameras and/or proximity sensors | <input type="checkbox"/> On-board weight scales |
| <input type="checkbox"/> Geofencing | <input type="checkbox"/> Door open/closed | <input type="checkbox"/> Empty/loaded |
| <input type="checkbox"/> GPS tracking | <input type="checkbox"/> Temperature/humidity control | <input type="checkbox"/> Data collection and gateway hubs |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

8. If you have refrigerated trailers or straight trucks, what percent of your refrigeration units are:

Diesel	<input type="text"/>
Diesel/Electric Combination	<input type="text"/>
All Electric	<input type="text"/>

COSTS

1. Does your fleet operate as?

- Cost Center
 Profit Center
 I'm not sure

2. How has inflation affected your operational costs?

	Private Fleet	Outside Carriers
Percentage increase in 2021	<input type="text"/>	<input type="text"/>
Projected percentage increase in 2022	<input type="text"/>	<input type="text"/>

3. Please share your operational costs for 2021 in each category below:

	Annual Total Cost	Cost Per Mile	Cost Per Hour
TOTAL COSTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
POWER UNITS (annual lease with sales and property tax OR principal and interest)	<input type="text"/>	<input type="text"/>	<input type="text"/>
POWER UNIT MAINTENANCE (all fixed and variable costs paid annual to maintain equipment, whether in-house or outsourced)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIRES (power unit and trailers)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRAILERS (annual lease or operating payments plus all registration and license fees)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRAILERMAINTENANCE (all fixed and variable costs paid annually to maintain equipment)	<input type="text"/>	<input type="text"/>	<input type="text"/>
POWER UNIT FUEL (Total annual fuel spend. Formula: total miles ÷ fleet mpg = total gallons x average price per gallon for the year = avg. fuel spend)	<input type="text"/>	<input type="text"/>	<input type="text"/>
NON- POWER UNIT FUEL (refrigerated fuel, unit fuel, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVER PAYROLL (including all W2 wages for time worked and pay for time not worked, (e.g. vacations, holiday, etc.) plus payroll taxes)	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVER BENEFITS (including health, welfare, retirement, savings, other insurance, uniforms, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
LICENSES, PERMITS, AND REGISTRATION	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLAIMS/ INSURANCE (liability, cargo, and worker's comp)	<input type="text"/>	<input type="text"/>	<input type="text"/>
MANAGEMENT & ADMINISTRATIVE OVERHEAD (All staff salaries, utilities, office equipment, corporate allocations, e.g. HR, IT, Legal, Finance, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALL OTHER EXPENSES	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Annual Total Cost	Cost Per Mile	Cost Per Hour

SAFETY

1. What is your 2021 DOT reportable crash rate?

(total DOT reportable crashes x one million ÷ total mileage)

In what percent of these accidents was the fleet found at fault?

What percent of those accidents did you challenge through DataQ?

What percent of these DataQ challenges were successful?

2. What is your 2021 preventable crash rate? (where preventable is defined as crashes resulting from errors, deficient conditions, work processes, or other problems that could have been prevented by one or more employee/management action(s), program(s), or practice(s) such as training, communication, coaching, equipment design, installation, maintenance, inspection, etc.)

(total DOT reportable crashes x one million ÷ total mileage)

3. What is your 2021 non-preventable crash rate? (crashes in which no errors, deficient conditions or work processes could be identified that contributed to the occurrence)

NUMBER OF NON-PREVENTABLE ACCIDENTS

(total DOT reportable crashes x one million ÷ total mileage)

4. What is your total crash rate involving motor vehicles with damage? All crashes are to be included regardless of the amount of property damage, preventability, or responsibility

(total crashes with damages x one million divided by total damage)

5. What is your OSHA recordable injury rate for drivers for 2021?

What programs have you implemented to reduce injuries? Examples include stretching, ergonomic training, telehealth usage

6. Which of the following safety devices does your company utilize? (check all that apply)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Adaptive cruise control | <input type="checkbox"/> Collision warning devices | <input type="checkbox"/> Electronic stability control/anti-rollover |
| <input type="checkbox"/> Lane departure warning | <input type="checkbox"/> Automatic/automated transmission | <input type="checkbox"/> Disk brakes |
| <input type="checkbox"/> Speed Monitoring | <input type="checkbox"/> Backup camera | <input type="checkbox"/> Tire inflation systems |
| <input type="checkbox"/> In-cab camera (please specify front-facing, driver-facing, side-view, etc.) | <input type="text"/> | |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> | |

7. What safety features do you spec on your trailers?

- | | | | |
|---|--|--|----------------------|
| <input type="checkbox"/> IIHS certified rear under-ride bumpers | <input type="checkbox"/> Side underride guards | <input type="checkbox"/> Other (please list) | <input type="text"/> |
|---|--|--|----------------------|

8. What is your experience and/or interest in automated vehicles?

GRAPHICS PROGRAM

1. Does your fleet have a graphics program?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
|------------------------------|-----------------------------|-------------------------------------|

2. What percentage of your fleet is marked?

3. What department funds the investment?

4. How would you rate the effectiveness of your fleet graphics program as a component of fleet value?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not Effective | | Somewhat Effective | | Very Effective |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ENVIRONMENTAL

1. **Does your company have any green/environmental sustainability initiatives?**

- Yes No Don't Know

2. **Is your fleet a member of Smartway?**

- Yes No Don't Know

3. **Please check any and all green/environmental sustainability initiatives your fleet has enacted:**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Trailer skirts | <input type="checkbox"/> Biodiesel | <input type="checkbox"/> CNG | <input type="checkbox"/> Anti-idling devices |
| <input type="checkbox"/> Hybrid vehicles | <input type="checkbox"/> Wheel caps | <input type="checkbox"/> Louvered mud flaps | <input type="checkbox"/> Increased load density |
| <input type="checkbox"/> Tail kites | <input type="checkbox"/> Nitrogen Refrig. | <input type="checkbox"/> Wide-bias tires | <input type="checkbox"/> Electric |
| <input type="checkbox"/> LNG | <input type="checkbox"/> MPH governing cruise (please specify MPH): | <input type="text"/> | |
| <input type="checkbox"/> Hydrogen | <input type="checkbox"/> MPH governing pedal (please specify MPH): | <input type="text"/> | |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | | |

4. **Please specify any fuel economy improvement measures your company has implemented (i.e. driver training, equipment replacement, or products such as ecoflaps)**

5. **How would you describe the future of electrification for your fleet?**

6. **What factors are driving your interest in electric vehicles?**

7. **What factors are preventing you from pursuing electrification?**

ADDITIONAL INFORMATION

1. **Are there any questions you would like to see included in future benchmarking surveys?**

2. **Additional comments:**

ABOUT THE NATIONAL PRIVATE TRUCK COUNCIL

Founded in 1939, the National Private Truck Council is the only national trade association exclusively representing the interests of the private truck industry and corporate/business private truck fleet management. With an actively engaged leadership team of Board representatives, member volunteers and staff, NPTC in the past decade has grown significantly to serve a rising professional class of private fleet practitioners meeting the challenges of modern corporate transportation. NPTC is the leading learning resource center, government affairs advocate, and business networking culture for America's top private fleet and supplier member companies. The Council produces benchmarking, best practices, and economic data reports on the private fleet market; administers the highly regarded Certified Transportation Professional (CTP) training program, and conducts some of the most successful events in the trucking industry including the Annual Conference and Trade Show, the Private Fleet Management Institute, and the National Safety Conference. For more information about the Council's activities and programs, visit our website at www.nptc.org.

ABOUT PENSKE TRUCK LEASING

Penske Truck Leasing is a Penske Transportation Solutions company headquartered in Reading, Pennsylvania. A leading global transportation services provider, Penske Truck Leasing operates approximately 330,000 vehicles and serves customers from more than 1,100 locations in North America, South America, Europe, Australia and Asia. Product lines include full-service truck leasing, contract maintenance, commercial and consumer truck rentals, used truck sales, transportation and warehousing management and supply chain management solutions. Visit www.pensketruckleasing.com to learn more.