



SCHOOL BUS CONTRACTORS PROGRAM APPLICATION

SUBMISSION DATE:	EFF. DATE:
INSURED:	QUOTE DATE:

-IMPORTANT INSTRUCTIONS-

1. All information requested in this application should be typewritten or printed in ink.
2. All questions must be answered completely.
3. This application cannot be processed unless signed by a Senior Officer of the Named Insured and Producer.
4. This application cannot be processed unless the following documents are provided:
 - Copies of the Named Insured's most recent Financial Statements (Income Statement, Balance Sheet, and Cash Flow Statement).
 - A completed Drivers' Information List.
 - A completed Vehicle Schedule.
 - Currently valued Insurance Company Loss Runs for minimum of five (5) years.
 - Signed Fraud Statements applicable in your state.
5. Additionally, please attach copies of the following written forms and procedures used by the Named Insured:
 - Maintenance Program
 - Safety Program
 - Vehicle Service Record
 - Daily Vehicle Condition Report
6. For Package, Monoline General Liability, Garage Dealers Liability, or Umbrella coverages complete appropriate ISO ACORD Application.

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NAMED INSURED INFORMATION

1. NAMED INSURED: _____

2. MAILING ADDRESS: _____

City _____ County _____ State _____ Zip _____

3. BUSINESS ADDRESS: _____

City _____ County _____ State _____ Zip _____

4. Named Insured is: Corporation Partnership Sole Proprietor Other _____

5. Provide the following information for each entity insured:

ENTITY /ADDRESS	YEAR ESTABLISHED	PERCENT OWNED BY CONTROLLING INTEREST	RELATIONSHIP TO INSURED AND DESCRIPTION OF OPERATIONS

NOTE: Relationship to insured includes "wholly-owned subsidiary", "parent", etc.

6. Provide the following information for all officers, directors, partners and stockholders of the Named Insured:

NAME	POSITION/ FUNCTION	FULL TIME/ PART TIME	#OF YEARS	YEARS OF TRANSIT EXPERIENCE	% OWNERSHIP

7. Provide the name(s) of any public transportation entity(ies) not covered under this application in which the Named Insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest:

8. Name and telephone number of person to be contacted for loss control consultation:

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OPERATIONS INFORMATION

1. Do you have Interstate Commerce Commission (ICC) Authority? _____ ICC Docket number: _____

Include exact name and address as it appears on ICC Authority: _____

2. Indicate state to receive copy of ICC for the Single State Registration: _____. List any other states or provinces not in the SSR program that require filings:

3. Have you ever lost or had authority withdrawn by an regulatory authority *(Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under current probation? If "Yes", explain in detail here or on a separate sheet.

*(Illegal to ask this of a Missouri domiciled risk!)

4. Do your vehicles ever transport any commodities other than passenger baggage or mail? _____. If "Yes", describe types of commodities and include copies of bills of lading issued or copies of contracts.

5. Indicate whether you transport any of the following (Yes or No). If "Yes", please estimate extent (% of total mileage):

- | | | | | | | | |
|-------------------------|------------------------------|-----------------------------|--------|--|------------------------------|-----------------------------|--------|
| a. Disabled/Handicapped | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% | Labor Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% |
| Medical Patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% | Farm Workers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% |
| Senior Citizens | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% | Professional/Athletic Entertainment Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____% |

b. Do you have any ongoing interline or pooling agreements with other public transportation companies?

Yes No If "Yes", please explain: _____

6. Percentage of bus operations in the following areas: Rural _____ Suburban _____ Urban _____

Note: Urban is defined as cities with populations over 75,000.

7. List below your:

- Estimated mileage, gross receipts, payroll and average number of revenue-producing units for the proposed policy period.
- Estimated mileage, gross receipts, payroll and revenue-producing units for your current policy period, actual mileage, gross receipts, payroll and average number of revenue-producing units for your four (4) previous policy periods.

		Year	Mileage	Gross Receipts	Payroll	Units
(1)	Proposed Policy Period					
(2)	Current Policy Period					
(3)	Previous Policy Periods	19				
		19				
		19				
		19				

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8. For each of the following categories, indicate (a) your projected receipts for the proposed policy period, (b) your projected total mileage for the proposed policy period and (c) number of units:

		A. Projected Receipts	B. Projected Mileage	C. Number of units
(1)	School (a) under 50 miles			
	(b) over 50 miles			
(2)	Airport			
(3)	Employee Haul (a) not over 50 miles between terminal points			
	(b) more than 50 miles between terminal points			
(4)	Sightseeing (a) not over 50 miles			
	(b) more than 50 miles			
(5)	Regular route intercity (a) not over 50 miles between terminal points			
	(b) 51 to 200 miles			
	(c) over 200 miles			
(6)	Charter (a) not over 50 miles between terminal points			
	(b) 51 to 200 miles			
	(c) over 200 miles			
(7)	Urban (under 50 miles)			
(8)	Limos			
(9)	Service and Private Passenger Units			
(10)	Other			

9. List the destinations of the five longest trips made in the past 12 months:

10. Describe (a) any significant changes in your operations during the past five (5) years and (b) anticipated changes in your operations during the proposed policy period:

DRIVER INFORMATION

1. Complete Drivers' Information Schedule.
2. Current total number of drivers: _____ Full time _____ Spare _____
3. During the last 12 months, how many drivers have you: Replaced? _____ Added? _____
4. Average yearly turnover: _____
5. Drivers' pay scale is: Union Non-Union
6. Drivers' pay is calculated by: Trip Mileage Hourly Other (explain)
7. Drivers' maximum hours: A) Driving _____ Daily _____ Weekly; (B) On Duty _____ Daily _____ Weekly
8. Lease information for Lease Terms under 6 months:
9. Driver hiring criteria (age/MVR) qualifications: _____
9. Driver supervision controls: _____

Estimated number of leases in last 12 months:

	With Driver	Without Driver	Total Lease Payments(\$)	Do You Provide Insurance?	% of Total Revenues
Do you hire from others for your use? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you lease to others for their use? <input type="checkbox"/> Yes <input type="checkbox"/> No					

10. Do you provide Workers' Compensation insurance for all drivers? _____

Name of carrier: _____

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VEHICLE INFORMATION

- Complete Vehicle Schedule using ACORD form.
- Schedule of all Locations (attach separate sheet, if necessary):

Facility Address	# of Personnel					Vehicles Stored				Is Lot Fenced? Y/N	Night Watch? Y/N	Owned or Leased? O/L	Facility Usage *
	M A I N T	O F F I C E	D R I V E R S	O T H E R	T O T A L	Inside		Outside					
						#	Value	#	Value				
1)													
2)													
3)													
4)													

*A – Administration; B – Body Shop or Parts Dept.; C – Claims Handling; M – Maintenance Garage; T – Passenger Terminal; W – Warehouse; O – Other (define): _____

- Please explain completely if any equipment is not garaged or stored at the above locations.

- Private passenger vehicles:

A. Use of vehicles: _____ business only _____ business & pleasure
 B. Operated by: _____ employees only _____ family _____ spouse _____ other

- Are any of the vehicles used during the summer months? Yes _____ No _____. If so, please advise which vehicles are used and for what purpose. If summer use vehicles are interchangeable, we will need the maximum number used on any given day by vehicle class.
- Please advise dates current school year begins _____ and ends _____.

MAINTENANCE INFORMATION

- Do you have a written maintenance program? _____ If "Yes", please attach a copy.
- Do you service your own vehicles? _____ If "No" who does? _____

- How many mechanics do you employ? _____
- Do you service vehicles of others? Yes No If "Yes", revenues from work for others \$ _____
- Do you store vehicles of others? Yes No
- If you service or store vehicles of others, what is the maximum value of equipment of others on your premises for each location outlined above?

- Does vehicle maintenance program include the following?

	<u>Yes</u>	<u>NO</u>
A. A service record of each vehicle (attach copy)	_____	_____
B. Controlled inspection frequency	_____	_____
C. Vehicle daily condition reports (attach copy)	_____	_____
D. The above for leased vehicles	_____	_____

How often are these various reports reviewed by management? _____

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SAFETY INFORMATION

1. Please provide name, title and years of experience of person(s) responsible for safety. Specify other duties.

2. Do your driver selection procedures include:
- | | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|--|------------|-----------|
| A. Written application? | _____ | _____ | | | |
| B. Reference checks? | _____ | _____ | | | |
| C. Written test? | _____ | _____ | Certificates? | _____ | _____ |
| D. Road test? | _____ | _____ | Certificates? | _____ | _____ |
| E. Physical exam: | | | | | |
| (1) Pre-employment? | _____ | _____ | | | |
| (2) Federal DOT requirements? | _____ | _____ | | | |
| (3) State DOT requirements? | _____ | _____ | | | |
| (4) Periodically during employment? | _____ | _____ | | | |
| Specify: _____ | | | | | |
| F. Drug testing: | | | | | |
| (1) Pre-employment? | _____ | _____ | | | |
| (2) Ongoing? | _____ | _____ | | | |
| (3) Random? | _____ | _____ | | | |
| G. Obtaining driver MVR records? _____ | | | Pre-employment or post-employment? _____ | | |
| H. Definition of Unacceptable driver/MVR? _____ | _____ | _____ | If so, please define: _____ | | |
| I. What action is taken as a result of an unacceptable MVR? _____ | | | | | |
| J. Updating MVR records periodically during employment? | | | | | |
| Specify: _____ | | | | | |
3. Does driver indoctrination include:
- | | | | |
|---|-------|-------|--|
| A. Company rules and policies? | _____ | _____ | |
| B. Daily DOT vehicle inspection procedures? | _____ | _____ | |
| C. Equipment familiarization? | _____ | _____ | |
| D. Route familiarization? | _____ | _____ | |
| E. Emergency procedures? | _____ | _____ | |
| F. Accident reporting procedures? | _____ | _____ | |
4. Does road supervision include:
- | | | | |
|----------------------------------|-------|-------|--|
| A. Mechanical recording devices? | _____ | _____ | |
| B. Radio dispatch? | _____ | _____ | |
5. Are accident investigation and review procedures, including records, maintained? _____ Do the review procedures include disciplinary procedures? _____ If "Yes", please explain. _____
-
6. Safety meetings are held: Monthly _____ Quarterly _____ Other _____ If "Other", please explain: _____
-
7. Describe any safety award / incentive program: _____
-
8. Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made.

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PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

1. Please provide the following information for the current and past five (5) policy periods:

Policy Period		Current Year	Prior Four Years			
A	Insurance carrier					
B	Address of servicing office					
C	Policy eff/exp dates					
D	Liability limits					
E	Deductible or SIR					
F	Annual premium					
	(1) Auto liability					
	(2) Physical damage					
G	Total losses					
	(1) Auto liability					
	(2) Physical damage					
	(3) Valuation date					

2. Has your insurance ever been obtained through an Assigned Risk Plan? _____ If "Yes", please explain.

3. *Has any company, during the past three (3) years, canceled or refused to renew your automobile insurance coverage? _____
If "Yes", explain. _____

*Cannot be asked of Missouri domiciled risk.

4. Attach currently valued loss runs from your insurance carriers for each of the past five (5) policy periods. If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type, amount paid and amount reserved for each policy period. Also, provide details on any loss occurrences that exceeded \$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.**

COVERAGE INFORMATION

Specify below, the policy symbol, coverages and limits desired.

<u>Policy Symbol</u>	<u>Coverage</u>	<u>Limit</u>
_____	Auto Liability	_____
_____	Personal Injury Protection (P.I.P.) (No Fault)	_____
	Added P.I.P. (No Fault)	_____
	<i>If domiciled in a "no-fault" state, do you want to reject "no-fault" coverage if permissible to do so?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Property Protection Insurance (Michigan only)	_____
_____	Uninsured Motorists	_____
	<i>Do you want to reject Uninsured/Underinsured Motorists coverage?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hired Auto Liability	Cost of Hire: _____
	Employer's Non-Ownership Liability	Number of Employees: _____
	Deductibles Desired:	<u>Bus</u> <u>All Other</u>
_____	Comprehensive (See Equipment List)	_____
_____	Specified Perils (See Equipment List)	_____
_____	Collision (See Equipment List)	_____

Note: Minimum deductible available for buses is \$1,000.

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PRODUCER INFORMATION

Producer: _____ Phone Number: _____

Address: _____

City: _____ County _____ State _____ Zip _____

THE COMPLETION OF THIS APPLICATION CREATES NO EXPRESS OR IMPLIED OBLIGATION ON THE PART OF THE INSURANCE COMPANY TO OFFER A QUOTATION OR PROVIDE INSURANCE AS REQUESTED IN THIS APPLICATION AND SURVEY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Producer's Signature

Senior Officer of Named Insured

Title

Title

Date

Date

VEHICLE SCHEDULE

PLEASE INCLUDE A LIST OF VEHICLES USING ACORD FORM 129-S OR AN EQUIVALENT FORM SHOWING ALL INFORMATION NEEDED TO RATE THE AUTO COVERAGES. FOR ALL VEHICLES CLASSIFIED AND RATED USING THE PUBLIC TRANSPORTATION SECTION OF THE CLM, PLEASE SHOW IN THE "WHERE GARAGED" SECTION OF FORM 129-S THE HIGHEST RATED TERRITORY WHERE THE VEHICLE IS ACTUALLY OPERATED.

DO YOU OWN OR OPERATE ANY VEHICLE(S) NOT LISTED ON THE SCHEDULE? YES NO

IF YES, PLEASE EXPLAIN: _____

PLEASE EXPLAIN COMPLETELY IF ANY VEHICLE(S) IS GARAGED AT EMPLOYEES' HOME: _____

LIST ANY LOSS PAYEES

NAME	VEHICLE NUMBER	ADDRESS

