

IMPORTANT INFORMATION: Please Read Before Completing Application

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 a 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.

SECTION A: Applicant Information

1. Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business and Operations Information

1. Form of Insured's business:
 - ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____

1. Please complete the following table for each entity insured:

Entity/Address	Year Established	% Owned by Controlling Interest	Relationship to Insured and Description of Operations

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

2. Please complete the following table for all officers, directors, partners, and stockholders of the named Insured:

Name	Position/Function	Full Time/Part Time	Number of Years	Years of Transit Experience	Percent Ownership

3. Please 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, partners, or stockholders have a direct or indirect ownership interest:

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

5. Does the Insured have Interstate Commerce Commission (ICC Authority)? ☐ Yes ☐ No
If yes, what is the ICC Docket number? _____

If yes, please include exact name and address as it appears on ICC Authority: _____

6. Please indicate state to receive copy of ICC for the Single State Registration: _____

7. Please list any other states or provinces not in the SSR program that require filings: _____

8. Has the Insured ever lost or had authority withdrawn by a regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under current probation? ☐ Yes ☐ No

If yes, please explain in detail here or on a separate sheet: _____

(illegal to ask this of a Missouri domiciled risk)

9. Do vehicles ever transport any commodities other than passenger baggage or mail? ☐ Yes ☐ No

If yes, please describe the types of commodities and include copies of bills of lading issued or copies of contracts:

10. Please indicate whether any of the following are transported and if so, please estimate extent (% of total mileage):

☐ Disabled/Handicapped: _____ %

☐ Medical Patients: _____ %

☐ Senior Citizens: _____ %

☐ Labor Groups: _____ %

☐ Farm Workers: _____ %

☐ Professional/Athletic Entertainment: _____ %

☐ Groups: _____ %

Does the Insured have any ongoing interline or pooling agreements with other public transportation companies?

..... ☐ Yes ☐ No

If yes, please explain: _____

11. Please state the percentage of bus operations in the following areas:

Rural: _____

Suburban: _____

Urban: _____

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

12. Please complete the table below by listing the following:

Estimated mileage, gross receipts, payroll, and average number of revenue-producing units for the proposed policy period

Estimated mileage, gross receipts, payroll, and average number of revenue-producing units for your current policy period, actual mileage, gross receipts, payroll, and average number of revenue-producing units for your four previous policy periods

	Year	Mileage	Gross Receipts	Payroll	Units
Proposed Policy Period					
Current Policy Period					
Previous Policy Period (1)					
Previous Policy Period (2)					
Previous Policy Period (3)					
Previous Policy Period (4)					

13. Please complete the table below for the following:

For the listed categories, please indicate projected receipts for the proposed policy period, and projected total mileage for the proposed policy period, and the number of units

	Projected Receipts	Projected Mileage	Number of Units
School (under 51 miles)			
School (over 50 miles)			
Airport			
Employee Haul (under 51 miles between terminal points)			
Employee Haul (over 50 miles between terminal points)			
Sightseeing (under 51 miles)			
Sightseeing (over 50 miles)			
Regular Route Intercity (under 51 miles between terminal points)			
Regular Route Intercity (51 to 200 miles between terminal points)			
Regular Route Intercity (over 200 miles between terminal points)			
Charter (under 51 miles between terminal points)			
Charter (51 to 200 miles between terminal points)			
Charter (over 200 miles between terminal points)			
Urban (under 51 miles)			
Limos			
Service and Private Passenger Units			
Other			

14. Please list the destinations of the five longest trips made in the past 12 months:

15. Please describe any significant changes in operations during the past five years and any anticipated changes in operations during the proposed policy period:

SECTION C: Driver and Vehicle Information

1. Complete drivers' information schedule

2. Current total number of drivers:

Total: _____

Full time: _____

Spare: _____

3. During the last 12 months, how many drivers have been:

Replaced: _____

Added: _____

4. What is the average yearly turnover? _____

5. Drivers' pay scale:

☐ Union ☐ Non-union

6. Drivers' pay is calculated by:

☐ Trip ☐ Mileage ☐ Hourly ☐ Other (please specify): _____

7. Drivers' maximum hours:

Driving daily: _____ Driving weekly: _____

On duty daily: _____ On duty weekly: _____

8. Lease information for lease terms under 6 months: _____

9. Driving hiring criteria (age/MVR) qualifications: _____

10. Driver supervision controls:

11. Please complete the table below with the estimated number of leases in the last 12 months:

	With Driver	Without Driver	Total Lease Payments	Do you provide insurance?	Percent of Total Revenues
Do you hire from others for your use? ☐ Yes ☐ No					
Do you lease to others for their use? ☐ Yes ☐ No					

12. Is Workers' Compensation insurance provided for all drivers? ☐ Yes ☐ No

13. What is the name of carrier? _____

14. Complete Vehicle Schedule using ACORD form

15. Please complete the table below with a schedule of all locations (attach a separate sheet, if necessary):

Facility Address	Number of personnel					Vehicles stored				Is lot Fence d (Y/N)	Night Watch (Y/N)	Owned or Leased (O/L)	Facility Usage (See *)
	Maint.	Office	Drivers	Other	Total	Inside		Outside					
						#	Val.	#	Val.				

* A-Administration; B-Body shop or parts department; C-Claims handling; M-Maintenance garage; T-Passenger terminal; W-Warehouse, O-Other (please specify): _____

16. Please explain in detail if any equipment is not garaged or stored at the above locations:

17. Private passenger vehicles:

Use of vehicles is:

☐ Business Only ☐ Business and Pleasure

Vehicles are operated by:

☐ Employees Only ☐ Family ☐ Spouse ☐ Other (please specify): _____

18. Are any of the vehicles used during the summer months? ☐ Yes ☐ No

If yes, please advise which vehicles are used and for what purpose. If summer vehicles are interchangeable, we will need the maximum number used on any given day by vehicle class:

19. Please advise dates current school year begins: _____ and ends: _____

SECTION D: Maintenance Information

1. Do you have a written maintenance program? ☐ Yes ☐ No

If yes, please attach a copy

2. Does the Insured service own vehicles? ☐ Yes ☐ No

If no, who does? _____

3. How many mechanics does the Insured employ? _____

4. Does the Insured service vehicles of others? ☐ Yes ☐ No

If yes, please state the revenues from work for others: _____

5. Does the Insured store vehicles of others? ☐ Yes ☐ No

6. If the Insured services or stores vehicles of others, what is the maximum value of equipment of others on the Insured's premises for each location outlined above? _____

7. Does vehicle maintenance program include the following (select all that apply)?

- ☐ A service record of each vehicle (*please attach copy*)
- ☐ Controlled inspection frequency
- ☐ Vehicle daily condition reports (*please attach copy*)
- ☐ The above for leased vehicles

8. How often are these various reports reviewed by management? _____

SECTION E: Safety Information

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

2. Does the Insured's driver selection procedures include any of the following (select all that apply):

- ☐ Written application
 - ☐ References check
 - ☐ Written test → ☐ Certificates
 - ☐ Road test → ☐ Certificates
 - ☐ Pre-employment physical exam
 - ☐ Federal DOT requirements physical exam
 - ☐ State DOT requirements physical exam
 - ☐ Physical exam periodically during employment → specify: _____
 - ☐ Pre-employment drug testing
 - ☐ Ongoing drug testing
 - ☐ Random drug testing
 - ☐ Obtaining driver MVR records → ☐ Pre-Employment or ☐ Post-Employment
 - ☐ Updating MVR records periodically during employment → Please specify: _____
 - ☐ Definition of unacceptable driver/MVR → Please specify: _____
- What action is taken because of an unacceptable MVR?
- _____
- _____

3. Does driver indoctrination include any of the following (select all that apply):

- ☐ Company rules and policies
- ☐ Daily DOT vehicle inspection proc.
- ☐ Equipment familiarization
- ☐ Route familiarization
- ☐ Emergency procedures
- ☐ Accident reporting procedures

4. Does road supervision include:

- ☐ Mechanical recording devices
- ☐ Radio dispatch

5. Are accident investigation and review procedures, including records, maintained? ☐ Yes ☐ No

If yes, do the review procedures include disciplinary procedures? ☐ Yes ☐ No

If yes, please explain: _____

6. When are safety meetings held?

- ☐ Monthly
- ☐ Quarterly
- ☐ Other (please specify): _____

7. Please describe any safety award/incentive program:

Please attach copies of the latest DOT or applicable safety authority inspection reports, if such inspections are made

SECTION F: Prior Loss Experience and Coverage Information

1. Please complete the table below by providing the following information for the current and past five policy periods:

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Insurance Carrier					
Address of Servicing Office					
Policy Eff/Exp Dates					
Liability Limits					
Deductible or SIR					
Annual Premium Auto Liability					
Annual Premium Physical Damage					
Total Losses Auto Liability					
Total Losses Physical Damage					
Total Losses Valuation Date					

2. Has insurance ever been obtained through an Assigned Risk Plan? ☐ Yes ☐ No
If yes, please explain:

3. Has any company, during the past 3 years, canceled/refused to renew your auto insurance coverage? ☐ Yes ☐ No
If yes, please explain:

Cannot be asked of Missouri domiciled risk

*Please attach currently valued loss runs from your insurance carriers for each of the past five 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, please provide details on any losses that exceeded \$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.***

SECTION G: Coverage Information

1. Please complete the table below

Policy Symbol	Coverage	Limit		
	Auto Liability			
	Personal Injury Protection (P.I.P) (no fault)			
	Added P.I.P (no fault)			
	If domiciled in a “no fault” state, do you want to reject “no fault” coverage if permissible to do so? ☐ Yes ☐ No			
	Property Protection Insurance (MI only)			
	Uninsured Motorists			
	Do you want to reject uninsured/underinsured motorists’ coverage? ☐ Yes ☐ No			
	Hired Auto Liability	Cost of Hire:		
	Employers’ Non-Ownership Liability	Number of Employees:		
			Deductibles Desired	
			Bus	All Other
	Comprehensive (see equipment list)			
	Specific Perils (see equipment list)			
	Collision (see equipment list)			

SECTION H: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

SECTION I: Vehicle Schedule

Please include a list of vehicles using Acord form 129-s or an equivalent form showing all in 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 operated.

1. Do you own or operate any vehicle(s) not listed on the schedule? ☐ Yes ☐ No
If yes, please explain:

2. Please explain completely if any vehicle(s) is garaged at employees' home:

SECTION J: Loss Payee Information

1. Please complete the table below with any loss payees:

Name	Vehicle Number	Address

SECTION K: Driver List

1. Please complete the table below:

[illegible]