

SECTION A: Applicant Information

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

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
1. FEIN: _____
2. Name all entities to be insured and include year of business establishment and a description of operations for each:

3. Complete the table below for all officers, directors, partners, and stockholders of the named Insured:

Name	Position/Function	Full/Part-time	No. of years	Years of transit exp.	Pct. ownership

4. 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:

SECTION C: Operations Information

1. Description of operations (attach an additional sheet if necessary):

2. Does the Insured ever lease vehicles with drivers to others? ☐ Yes ☐ No
 If yes, explain: _____
3. Does the Insured ever lease vehicles without drivers to others? ☐ Yes ☐ No
4. Has the Insured ever lost or had any authority withdrawn by any regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or under current probation? ☐ Yes ☐ No
 If yes, explain in detail:

5. Do the Insured's vehicles ever transport any commodities, other than passenger baggage or mail? ☐ Yes ☐ No
If yes, describe the types of commodities and include copies of bills of lading issued or copies of contracts:

6. Do the Insured's vehicles ever transport professional athletic or entertainment groups? ☐ Yes ☐ No
If yes, explain: _____

7. Complete the table below with applicants' average number of revenue-producing units, mileage and gross receipts for the proposed, current, and three previous policy periods:

	Year	Revenue Units	Mileage	Gross Receipts
12 Months Projected				
Current Policy Year				
1st Prior Policy Year				
2nd Prior Policy Year				
3rd Prior Policy Year				

8. Complete the table below: For each category, complete with projected receipts (A) for the proposed policy period, total mileage (B) for the proposed policy period, and number of units (C) (totals should match the data in question 5):

	Busses			Vans			Pvt Pass			Service		
	A	B	C	A	B	C	A	B	C	A	B	C
School												
Airport												
Sightseeing												
Regular Route Intercity												
Charter												
Urban Transit												
Limousines												
Wheelchair-Accessible Vehicle							If > 10% of fleet, complete wheelchair supplemental					
Other:												

9. Indicate the percentage of disabled and/or handicapped ridership: _____

10. For demand response transit, indicate the percentage below (% of total trips):

On Call: _____ vs. Scheduled: _____

Door to Door: _____ vs. Curb to Curb: _____

Charter and Tour Operations

1. Complete the table below with the Insured's 10 most frequent destinations:

City or Attraction	State	Percentage of Trips

2. List the destinations of the 5 longest trips made in the past 12 months:

School Contractors:

1. List the schools or school districts and their locations with which the Insured has contracts:

SECTION D: Owner-Operator Information ☐ N/A

1. Does the Insured utilize owner-operator(s) in business? ☐ Yes ☐ No
2. How many owner-operator(s) are there? _____
Please provide a copy of owner-operator agreement
3. Will owner-operator(s) be included under this insurance? ☐ Yes ☐ No
4. Is personal use of vehicles permitted? ☐ Yes ☐ No
If yes, are owner-operator(s) required to provide proof of insurance for personal use of their vehicle? ☐ Yes ☐ No

SECTION E: Prior Loss and Coverage Information

Attach currently valued loss runs from applicants' insurance carriers for each of the past 5 policy periods. **Please provide details on any loss occurrences that exceed \$100,000 or involve a fatality or serious injury on a separate sheet.**

1. Complete the table below with information for the current and past 5 policy periods:

	Current Period	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Insurance Carrier					
Policy Effective Date					
Liability Limits					
Deductible or SIR					
Annual Premium					
• Auto Liability					
• Physical Damage					
Total Losses					
• Auto Liability					
• Physical Damage					
• 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, cancelled or refused to renew Insured's automobile insurance coverage? ☐ Yes ☐ No
If yes, please explain: _____

SECTION F: Safety Information

1. Provide the name, title, years of experience, and other duties of person(s) responsible for safety: _____
2. Do driver selection procedures include the following (select all that apply):
- ☐ Written Applications
 - ☐ Written Test
 - ☐ Reference Checks
 - ☐ Road Test
 - ☐ Drug Test Prior to Hiring
 - ☐ Drug Test During Employment
 - ☐ Physical Exam → ☐ Pre-Employment ☐ Federal DOT Requirements ☐ State DOT Requirements
 - ☐ Driver MVR Records Obtained → ☐ During Employment ☐ Pre-Employment ☐ Post-Employment
3. Does driver indoctrination include the following (select all that apply):
- ☐ Company Rules and Policies
 - ☐ Equipment Familiarization
 - ☐ Emergency Procedures
 - ☐ Daily DOT Vehicle Inspection Procedures
 - ☐ Route Familiarization
 - ☐ Accident Reporting Procedures

4. Does road supervision include the following (select all that apply):
- ☐ Mechanical Recording Devices
 - ☐ Radio Dispatch
5. Are accident investigation and review procedures, including records, maintained? ☐ Yes ☐ No
6. Do review procedures include disciplinary procedures? ☐ Yes ☐ No
- Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made*

SECTION G: Driver Information

Attach a schedule of drivers including date of birth, date of hire, and number of years of experience

1. State the current total number of drivers: _____
2. During the last 12 months, how many drivers have been replaced: _____ How many added: _____
3. How is driver pay calculated?
 - ☐ Trip
 - ☐ Mileage
 - ☐ Hourly
 - ☐ Other: _____
4. Are drivers' union or non-union? _____
5. Complete the below with drivers' maximum hours:
 - Driving → daily: _____ weekly: _____
 - On duty → daily: _____ weekly: _____
7. Are vehicles with drivers ever leased? ☐ Yes ☐ No
If yes, from others and/or to others? _____

SECTION H: Maintenance Information

1. Does the Insured 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 are employed? _____
4. Does the Insured service vehicles of others? ☐ Yes ☐ No
If yes, what is the annual gross revenue? _____
5. Does the vehicle maintenance program include the following (select all that apply):
 - ☐ A service record of each vehicle (*attach copy*)
 - ☐ Controlled inspection frequency
 - ☐ Vehicle daily condition reports (*attach copy*)
 - ☐ The above for leased vehicles
 How often are these various reports reviewed by management? _____

SECTION I: Equipment Information

Attach complete schedule of equipment including year, make, model, and current stated amounts if physical damage coverage desired

1. If the Insured's fleet includes limousines, are any of the vehicles stretched? ☐ Yes ☐ No
If yes, specify the length of the stretch for each applicable vehicle on vehicle list
2. Was the vehicle(s) specified in question 1 modified by a Qualified Vehicle Modifier (QVM)? ☐ Yes ☐ No
If yes, specify the name of the modifying firm(s): _____
3. Does the Insured own or operate any equipment not listed on the schedule? ☐ Yes ☐ No

4. Complete the table below with a schedule of all locations (attach a separate sheet if necessary):

	Location 1	Location 2	Location 3	Location 4
Address				
Type of Operation (office, terminal, garage, etc.)				
No. of Units Stored Inside and Maximum Values				
No. of Units Stored Outside and Maximum Values				
It is Lot Fenced (Y/N)				
Watchman or Security				
Owned or Leased				

5. Explain completely if any equipment is not garaged or stored at above locations:

6. State in percentages below, private passenger vehicle usage:

Use of vehicles → business only: _____ business and pleasure: _____

Operated by → employee only: _____ family: _____ spouse: _____ other: _____

SECTION J: General Liability and Garage Liability Coverage Information

1. Complete the table below:

	Office Area	Garage Area	Parking Area	Vacant Land (acres)
Location 1				
Location 2				
Location 3				
Location 4				

2. Describe any other general liability exposures:

3. Describe any general liability losses for current and past 3 years and provide currently valued loss runs:

4. How many times in the past 12 months has Insured serviced or repaired equipment of other operators: _____

What is the estimated annual revenue from this work: _____

What is the type of work performed, and the types of vehicles serviced:

5. Describe any garage liability or garage keepers' losses (separately) for current and past three years and provide currently valued loss-runs:

Include copies of contracts

SECTION K: Desired Coverages

1. Complete the table below with desired coverage:

Requested Coverage	Limits	Deductible
Commercial Auto Liability		
Hired Auto Liability		
Non-Owned Auto Liability		
Uninsured Motorists		
Underinsured Motorists		
Supplemental Uninsured Motorists (NY)		
Optional Basic Reparations Benefits (CT)		
Medical Payments		
Personal Injury Protection		
Property Protection Ins. (MI)		
Commercial General Liability		
Specified Perils		
Comprehensive		
Collision		
Garage Liability		
Garage Keepers Legal (list other locations on separate sheet)		
• Comprehensive		
• Collision		
Other:		

2. Additional comments:

SECTION L: Filings Information

- If Interstate Commerce Commission filing is required, provide I.C.C Docket No.: MC _____
- List states or other regulatory agencies that require filings (provide Docket #'s for CA, IN, KY, NM, TX): _____
- Complete the table below with states where the applicant has vehicles licensed and/or garaged and where filings are required (Place an "X" under column "F" for states in which you require liability filings and under column "V" for states in which vehicles are licensed/garaged):

	F	V		F	V		F	V		F	V		F	V	Canada	F	V
AL			GA			MA			NM			SD			Alberta		
AK			ID			MI			NY			TN			British Columbia		
AZ			IL			MN			NC			TX			Manitoba		
AR			IN			MS			ND			UT			New Brunswick		
CA			IA			MO			OH			VT			Newfoundland		
CO			KS			MT			OK			VA			Northwest Territory		
CT			KY			NE			OR			WA			Nova Scotia		
DE			LA			NV			PA			WV			Ontario		
DC			ME			NJ			RI			WI			Prince Edward Island		
FL			MD			NH			SC			WY					

4. Specify the Insured's home state for single state registration: _____

SECTION M: 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: _____