



PUBLIC TRANSPORTATION APPLICATION

Proposed Effective Date: _____ Requested Quote Date: _____

Applicant Name: _____

Agency: _____ Producer: _____

Address: _____

Phone: _____ Fax: _____

e-mail: _____ Are you the incumbent agent? Yes No

ATTACHMENTS

All items must be answered completely and the following additional information is required with this application:

- Equipment Schedule:** Current listing of all vehicles. Include year, make, model, lien holder or lessor information, and registration. If physical damage is desired, include the current stated value. If the vehicle is a stretched limousine provide the length of stretch. Include a copy of the contract if an independent contractor owns a vehicle.
- Drivers List:** List of all drivers including name, license number, date of birth, date of hire, and years of driving experience in the same type of equipment.
- MVR's:** Provide current motor vehicle record for each driver, run within the past 90 days.
- Loss Runs:** Insurance company-produced loss runs for the current and most recent four years. Loss runs are to be valued within the past 90 days.
- DOT medical reports** for all drivers over 65 years old
- DOT vehicle inspection reports** for all vehicles over 15 years old
- Financial Statements:** If the risk has over 40 units, provide current balance sheet and income statement
- New Venture** - Attach résumé of prior management experience
- Formal Safety Program** – 10 or more units, attach copy of safety program.
- Driver Hiring Standards** – 10 or more units, attach copy of driver hiring standards.
- Driver Training Program** – 10 or more units, attach copy of driver training program for newly hired drivers.
- Workers' Compensation** – Attach copy of Workers' Compensation certificate of insurance if PIP is required.

NAMED INSURED INFORMATION

1. Named Insured: _____
DBA: _____
2. Mailing Address: _____
3. Garaging Address: _____
4. Phone# _____ Fax# _____
5. Email Address: _____ Website Address: _____
6. Safety Survey Contact Name: _____ Phone# _____
7. Named Insured is: Corporation Partnership Sole Proprietor Joint Venture LLC Gov't Entity
8. Federal Employer ID #: _____
9. Name of all entities to be insured, year established and description of each:

Entity	Year Business Established	Description of Operations
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

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

Name	Position / Function	Full-time / Part-time	No. of years	Years of Transit Experience	Pct. Ownership

11. Has the Named Insured or any of its officers, directors, partners or stockholders that have a direct or indirect ownership interest ever had an ownership interest in another public transportation company?
 Yes No If "Yes", provide details _____

12. Has the Named Insured or any of its officers, directors, partners or stockholders that have a direct or indirect ownership interest ever filed bankruptcy, or is currently planning to file for reorganization or bankruptcy?
 Yes No If "Yes", provide details _____

OPERATIONS INFORMATION

VEHICLE USE – Based on Total Annual Mileage

CLASS	%	CLASS	%	CLASS	%
Airport Service		Corp. Sedan Svc		Trolley Bus	
Limousine		Non-emergency Medical		Van Pools	
Athletes & Entertainers		Physically Impaired		Head Start	
Charter Bus		Prisoner Transportation		Demand Response	
Courtesy Bus		School Bus		Railroad Transportation	
Church		Tour Bus		Employment Service	
Camp		Senior Citizen Transport		Inner City Bus	
Day Care		Sightseeing Bus		Social Service	
Employee Trans		Special Needs Transportation		Other	

1. DESTINATIONS: *Charters and Tour Operators*: List your most frequent destinations and the percentage of overall mileage attributed to each location (total should be equal to 100%). *School Buses*: List Schools and Districts. *Limousines*: List frequent destinations and corporate accounts

City, Attraction, State	%	City, Attraction, State	%

- 2. Hours of Service _____ Days of Service _____
- 3. Are fare meters used? Yes No Is applicant ever radio dispatched? Yes No
- 4. Do you hire from others for your use? Yes No Do you hire from others with a driver? Yes No
If "Yes", annual cost of hire: \$ _____
- 5. Do you lease to others for their use? Yes No Do you lease to others with a driver? Yes No
If "Yes", income derived from: \$ _____
- 6. If you use other operators, do you require to be added to their policy as an additional insured? Yes No

HISTORICAL COVERAGE INFORMATION

1. Provide the following information for the current and past four (4) policy periods:

	Current Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Insurance Company					
Effective Date					
Auto Liab Limit					
Auto Liab Deductible					
Auto Liab Premium					
Phys Dam Premium					

- 2. Please provide details on any loss occurrences that exceed \$25,000 or involve a fatality or serious injury on a separate sheet.
- 3. Has your insurance ever been obtained through an Assigned Risk Plan? Yes No If "Yes," please explain: _____
- 4. Has any company, during the past three years, cancelled or refused to renew your automobile insurance coverage? Yes No If "Yes," please explain: *(Not applicable in Missouri)* _____

5. For each of the following categories, indicate your receipts, total mileage, and number of units.

FLEET HISTORY	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Revenue					
Mileage					
VEHICLE COUNT					
Charter > 15 Pax					
Charter < 16 Pax					
Transit > 15 Pax					
Transit < 16 Pax					
School > 15 Pax					
School < 16 Pax					
Limousines					
PP/Service					
Other					
Total Count					

SAFETY INFORMATION

- Please provide name, title, and years of experience of person(s) responsible for safety: _____
- Do your Driver selection procedures include:
 - Written applications? Yes No
 - Reference checks? Yes No
 - Written test? Yes No
 - Road test? Yes No
 - MVR records? Yes No Periodically during employment? Yes No
 - Drug testing? Yes No Periodically during employment? Yes No
 - Physical exam? Yes No
- Does driver indoctrination include:
 - Company rules and policies? Yes No
 - Equipment familiarization? Yes No
 - Route familiarization? Yes No
 - Daily DOT vehicle inspection procedures? Yes No
 - Emergency procedures? Yes No
 - Accident reporting procedures? Yes No
- Do you use GPS or Accident Recording Devices? Yes No If "Yes," explain: _____
- Are accident investigation and review procedures, including records, maintained? Yes No Do the review procedures include disciplinary procedures? Yes No If "Yes," explain: _____
- Do you hold regular safety meetings? Yes No
- Do drivers receive written safety reminders? Yes No
- Is there a driver safety award program? Yes No
- Are all new hires and driver reviews discussed by Safety and Management? Yes No

DRIVER INFORMATION

- Current total number of drivers: _____
- During the last 12 months, how many drivers have you: Replaced? _____ Added? _____
- Driver's pay is calculated by trip mileage hourly other (explain): _____
- Driver's maximum hours:
 - Driving _____ daily, _____ weekly
 - On duty _____ daily, _____ weekly
- Do you provide Worker's Compensation insurance for ALL drivers? Yes No

MAINTENANCE INFORMATION

1. Do you have a written maintenance program? Yes No If "Yes," please attach a copy.
 2. Is maintenance done at dealers or qualified repair facility? Yes No
 3. Do you service your own vehicles? Yes No
If "No," who does? _____
 4. Are written maintenance history records kept for ALL units? Yes No
 6. How many mechanics do you employ? _____
 7. Do you service vehicles of others? Yes No
 6. If you service vehicles of others what is the annual gross revenue? \$ _____
 7. Does vehicle maintenance program include:
 - A. A service record of each vehicle (attach copy)? Yes No
 - B. Controlled inspection frequency? Yes No
 - C. Vehicle daily condition reports (attach copy)? Yes No
 - D. The above for leased vehicles? Yes No
- How often does management review these various reports? _____

EQUIPMENT INFORMATION

	Location 1	Location 2	Location 3
Address			
Type of operation (office, terminal, garage, etc.)			
# Units stored inside & maximum values			
# Units stored outside & maximum values			
Is lot fenced?			
Watchman or security?			

1. Please explain completely if any equipment is not garaged or stored at above locations: _____

2. If the applicant'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 the vehicle list.
3. Do you own your equipment? Yes No Do you lease your equipment? Yes No
4. Do you own or operate any equipment not listed on schedule? Yes No
If "Yes," explain: _____
5. Except for encumbrances, are all autos owned, leased to or registered to you? Yes No
If "No", please explain: _____
6. Schedule of all locations (attach separate sheet if necessary):
7. Do you relocate vehicles? Yes No If "Yes," to what localities and what purpose?: _____

8. Private passenger vehicles use – please state in percentages:
 - A. Use of vehicles: business only _____% business & pleasure _____%
 - B. Operated by: employee only _____% family _____% spouse _____% other _____%

AUTO COVERAGE INFORMATION

Requested Coverage's	Requested Limits and Deductibles	
	Limits	Deductibles
Commercial Auto Liability		
Uninsured Motorist		
Underinsured Motorist		
Personal Injury Protection (No-Fault)		
Property Protection Ins (MI only)		
Hired Auto Liability		
Non-Owned Auto Liability		
Comprehensive		
Specified Perils		
Collision		
Other		

Additional options, comments: _____

FILING INFORMATION

- DOT # _____ FHWA Docket No.: MC _____ Other Docket #'s _____
- List states where the applicant has vehicles licensed and/or garaged and where filings are required. (Check 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	Canada Filings	F	V
AL	<input type="checkbox"/>	<input type="checkbox"/>	GA	<input type="checkbox"/>	<input type="checkbox"/>	MA	<input type="checkbox"/>	<input type="checkbox"/>	NM	<input type="checkbox"/>	<input type="checkbox"/>	SD	<input type="checkbox"/>	<input type="checkbox"/>
AK	<input type="checkbox"/>	<input type="checkbox"/>	ID	<input type="checkbox"/>	<input type="checkbox"/>	MI	<input type="checkbox"/>	<input type="checkbox"/>	NY	<input type="checkbox"/>	<input type="checkbox"/>	TN	<input type="checkbox"/>	<input type="checkbox"/>
AZ	<input type="checkbox"/>	<input type="checkbox"/>	IL	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>	<input type="checkbox"/>	NC	<input type="checkbox"/>	<input type="checkbox"/>	TX	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>	MS	<input type="checkbox"/>	<input type="checkbox"/>	ND	<input type="checkbox"/>	<input type="checkbox"/>	UT	<input type="checkbox"/>	<input type="checkbox"/>
CA	<input type="checkbox"/>	<input type="checkbox"/>	IA	<input type="checkbox"/>	<input type="checkbox"/>	MO	<input type="checkbox"/>	<input type="checkbox"/>	OH	<input type="checkbox"/>	<input type="checkbox"/>	VT	<input type="checkbox"/>	<input type="checkbox"/>
CO	<input type="checkbox"/>	<input type="checkbox"/>	KS	<input type="checkbox"/>	<input type="checkbox"/>	MT	<input type="checkbox"/>	<input type="checkbox"/>	OK	<input type="checkbox"/>	<input type="checkbox"/>	VA	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	KY	<input type="checkbox"/>	<input type="checkbox"/>	NE	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	WA	<input type="checkbox"/>	<input type="checkbox"/>
DE	<input type="checkbox"/>	<input type="checkbox"/>	LA	<input type="checkbox"/>	<input type="checkbox"/>	NV	<input type="checkbox"/>	<input type="checkbox"/>	PA	<input type="checkbox"/>	<input type="checkbox"/>	WV	<input type="checkbox"/>	<input type="checkbox"/>
DC	<input type="checkbox"/>	<input type="checkbox"/>	ME	<input type="checkbox"/>	<input type="checkbox"/>	NJ	<input type="checkbox"/>	<input type="checkbox"/>	RI	<input type="checkbox"/>	<input type="checkbox"/>	WI	<input type="checkbox"/>	<input type="checkbox"/>
FL	<input type="checkbox"/>	<input type="checkbox"/>	MD	<input type="checkbox"/>	<input type="checkbox"/>	NH	<input type="checkbox"/>	<input type="checkbox"/>	SC	<input type="checkbox"/>	<input type="checkbox"/>	WY	<input type="checkbox"/>	<input type="checkbox"/>

- Please specify your home state for Single State Registration: _____
- Have you ever lost or had any authority withdrawn by any regulatory authority (Federal Highway Administration, Department of Transportation, Public Utilities Commission, etc.) or are you under current Probation? Yes No
If "Yes", explain in detail here or on a separate sheet. _____
- Do you travel into Mexico? Yes No If "Yes", are trips within 25 miles of the border? Yes No
Are trips 10 days or less? Yes No How many trips per year? _____
Are you interested in purchasing coverage for this exposure? Yes No

GENERAL LIABILITY INFORMATION *(Leave blank if coverage is not required)*

Premises	Owned or Leased	Office Area	Garage area	Parking Area	Vacant Land (acres)
Location 1					
Location 2					
Location 3					

- Any Products or Completed Operations Exposure? Yes No
- Any Parking Facility Owned or Rented? Yes No If "Yes", is a fee charged for Parking? Yes No
- Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?
 Yes No
- Are any of the above locations the primary residence of the insured? Yes No
- Please describe any other General Liability exposures: _____
- Contractual – include copies of contracts _____
- Limits Requested: Each Occurrence _____ General Aggregate _____

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

I AUTHORIZE CNA TO OBTAIN COPIES OF MOTOR VEHICLE REPORTS FOR UNDERWRITING THE INSURANCE THAT I HAVE APPLIED FOR. I ALSO UNDERSTAND THAT A ROUTINE INSPECTION MAY BE DONE REGARDING MY OPERATIONS. I WILL COOPERATE AND PROVIDE ACCESS TO FILES, RECORDS, DOCUMENTS, AND EQUIPMENT.

I UNDERSTAND ALL ACCIDENTS ARE TO BE REPORTED PROMPTLY REGARDLESS OF THE SEVERITY OR FAULT.

AS AN INDUCEMENT FOR CNA TO UNDERWRITE AND COVER THIS RISK, THE INSURED AFFIRMATIVELY REPRESENTS AND WARRANTS THAT IT HAS SUBMITTED TO CNA ALL DRIVERS OF ITS VEHICLES AS OF THE APPLICATION DATE: FURTHER, IT REPRESENTS THAT THE INSURED WILL PRE-SUBMIT TO CNA ALL DRIVERS FOR APPROVAL PRIOR TO PERMITTING SAID DRIVERS TO OPERATE AN INSURED VEHICLE, AND WILL NOT PERMIT ANY PERSON NOT APPROVED TO DRIVE THE INSURED VEHICLES DURING THE POLICY TERM.

ALL VEHICLE CHANGES MUST BE REPORTED TO CNA FOR COVERAGE TO BE EFFECTIVE

FAILURE TO COMPLY WITH THE AFOREMENTIONED REQUIREMENTS CONCERNING ADDITIONAL / REPLACEMENT VEHICLES AND ADDITIONAL DRIVERS MAY RESULT IN DELAYS IN THE HANDLING OF CLAIMS AND POSSIBLE CLAIM OR COVERAGE DENIAL.

I HEREBY COVENANT AND AGREE THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THEY ARE KNOWN TO ME, AND ARE HEREBY MADE AS THE BASIS AND CONDITION OF THE INSURANCE.

FRAUD WARNINGS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OR, VT, or WA; in DC, LA, ME, TN, and VA, Insurance benefits may also be denied)

IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Applicant's Signature: _____ Date: _____

Print Applicant's Name: _____ Title: _____

Broker's Signature: _____ Date: _____

License Number: _____