

# Public Transportation Auto Insurance Application

8-1-2016 Edition    **1. Policy Term:**                      **FROM:**    **TO:**

2. Named Insured: \_\_\_\_\_

3.  Individual                       Partnership                       Corporation                       LLC                      Other: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Garage Location (if different from mailing): \_\_\_\_\_

6. Name of Principal Owner(s): \_\_\_\_\_    7. FEIN: \_\_\_\_\_

8. Years in Business under current ownership: \_\_\_\_\_    9. Have you filed Bankruptcy within the last 10 years?     YES     NO

10. Have you ever operated another passenger transportation-related business under another name?     YES     NO

11. Are any operations other than public livery run under this insured entity's name?     YES     NO    If YES, please explain: \_\_\_\_\_

12. Is the named insured a majority owner of any other operations?     YES     NO

13. Number of vehicles insured: \_\_\_\_\_ Current Year    \_\_\_\_\_ 1<sup>st</sup> Prior year    \_\_\_\_\_ 2<sup>nd</sup> Prior year    \_\_\_\_\_ 3<sup>rd</sup> Prior Year

**Insurance and Loss History for the Past Four Years** (please complete or note below that currently valued loss runs are attached)

Year	Company	Expiring Premium	Losses	Annual Fleet Mileage
Current				
1 <sup>st</sup> Prior				
2 <sup>nd</sup> Prior				
3 <sup>rd</sup> Prior				

14. Has your insurance been Cancelled or Non-Renewed in the last three years? (N/A in Missouri)     YES     NO    If YES, please explain: \_\_\_\_\_

15. Do any of your vehicles have equipment for transporting disabled passengers or provide open-air seating?     YES     NO

16. Do you allow your drivers to wait at airports, hotels, or other sites to solicit unscheduled passengers?     YES     NO

17. Do any vehicles have rates posted inside the vehicle or charge metered rates?     YES     NO

18. Do any vehicles display advertising, wording, or a phone number on the auto exterior?     YES     NO    If YES, please identify location on the auto, and what it says: \_\_\_\_\_

19. Do you Hire, Rent, or Borrow Autos from others without drivers to use in your business?     YES     NO    If YES, please complete the **Hired Auto Supplement**.

20. Do you make arrangements for other public auto companies to provide transportation for your overflow business?     YES     NO  
     If YES, Do you collect money from the client or does the client pay the other company directly     I Collect     Pays Direct  
     If You Collect, what is the estimated annual revenue for providing this service?: \_\_\_\_\_

21. Do you lease, rent, or loan vehicles to others without drivers?     YES     NO

22. Do you allow your Drivers or Employees to take scheduled vehicles to their home?     YES     NO  
     If YES, do you have a company policy that prohibits the use of company vehicles for personal use?     YES     NO

23. Do you, your Employees or Drivers ever use their personal autos for your business? *If "YES" List All Drivers*     YES     NO

24. Do you or your family use any of your scheduled vehicles for non-business purposes? *If "YES" List All Drivers*     YES     NO

25. Do you and your family have a personal auto and personal auto insurance on an auto not scheduled on this policy?     YES     NO

26. Do you have Federal Regulatory Filings?     YES     NO                      If YES, MC Number: \_\_\_\_\_

27. Do you have State or Other Filings?                       YES     NO                      If YES, State/Docket #s: \_\_\_\_\_

Please provide your name and address **exactly** as it is filed: \_\_\_\_\_

1. Driver Hiring Process: (check all that apply)

- Background Check       Verify Drivers have at least 2 years of Experience with similar Vehicles       Driving Test
- Reference Check       Verify License(s)       Pre-Employment Physical
- MVR Reviewed: (Answer the following)      Maximum # Moving Violations Allowed \_\_\_\_\_      Maximum # Accidents Allowed \_\_\_\_\_

2. Describe Your Driver Training Program: (check all that apply)

- Defensive Driving Courses       In-House Training Process       Outside Source Training
- Chauffeur License issued by ( City / County / State )      *Circle one if applicable*
- Drivers are Familiarized with Vehicles & Equipment       Drivers are Familiarized with Routes & Points of Interest

Describe Your Driver Management:

- 3. What is the Dress Code for the Drivers (select all that apply):  Tuxedo     Suit & Tie     Chauffeur Uniform     Business Casual
- 4. What are your MVR standards for your drivers?: Max # of Moving Violations Allowed \_\_\_\_\_    Max # of Accidents Allowed \_\_\_\_\_
- 5. Do you keep your drivers current about traffic, road construction, and weather conditions before or during a run?     YES     NO
- 6. Do you allow a driver who has been working (including other employment) to exceed a 16 hour work day?     YES     NO
- 7. Do you allow a driver who has been working (including other employment) to exceed a 60 hour work week?     YES     NO
- 8. How would you manage a trip where a service requires driving more than 10 consecutive hours or being on duty for 15 hours or longer?:  
 Multiple Drivers with shifts     Driver change at destination point (relay)     Driver stops and rests for 8 hours     No Procedure

9. Describe Your Safety Program: (check all that apply)

- Maintain Driver Files     Accident Review Procedures     Annual Accident Register     Full Time Safety Director
- Seatbelt policy where passengers are verbally encouraged to wear their seatbelts     Safety Reward and Penalty System
- Mandatory Safety Meetings: (Answer the following)     Weekly     Monthly     Quarterly     Bi-Annual     Annual

10. Describe Your Drug & Alcohol Program: (check all that apply)

- Pre-Employment Testing     Random Testing     Post-Accident Testing     Test Results kept in Employment Files

11. Describe Your Vehicle Maintenance Program (check all that apply)

- Pre & Post Trip Walk-Around Inspections: Check for visual damage to vehicle, tire pressure, turn signals, brake lamps, head & tail lamps, windshield wipers and washer fluid.
- 3000 Mile Tire and Fluid Level Maintenance
- Annual DOT or Certified Mechanic Inspection
- Brakes Inspected or Maintained # times per year: (Answer the following)     1     2     3     4
- Repair Log that Records all Service and Repairs for each Vehicle
- Satellite, Computerized, or Camera System that Records Destinations, Acceleration, Braking, Accidents, etc.

Garaging

- 12. Maximum # of Vehicles Stored: \_\_\_\_\_ Inside    \_\_\_\_\_ Outside
- 13. Total Fleet Value: \_\_\_\_\_
- 14. Distance of Garaging to Fire Hydrant: \_\_\_\_\_ Feet
- 15. Distance of Garaging to Fire Department: \_\_\_\_\_ Miles
- 16. Is there a Security Guard during Non-Business Hours?     YES     NO
- 17. Number of Vehicles with Car Alarms: \_\_\_\_\_
- 18. Key Controls (select all that apply):     Keyboard Monitored by Dispatcher     Safe     Individual Lockboxes     Key Machine

If any Vehicles are Stored Outside, please answer the following: 19. Is the Lot Lighted?  YES  NO    20. Is the Lot Fenced?  YES  NO

If any Vehicles are Stored Inside, please answer the following:

- 21. Premises Fire Protection (select all that apply):     Sprinkler System     Signaling System     Standpipe System     Fire Extinguishers
- 22. Premises Burglary Protection (select all that apply):     Perimeter System (building alarm)     Area System (alarms inside building)

### Coverage & Limits

1.  Auto Liability (Symbol 7)      2.  Hired Auto Liability (Symbol 8)      3.  Non-Owned Liability (Symbol 9)
4.  CSL \$ \_\_\_\_\_      5.  PIP \_\_\_\_\_
6.  Medical Payments \$ \_\_\_\_\_      7.  Uninsured/Underinsured \$ \_\_\_\_\_
8.  Physical Damage  Comprehensive Deductible \$ \_\_\_\_\_  Collision Deductible \$ \_\_\_\_\_  
 Specified Perils Deductible \$ \_\_\_\_\_  Other: \_\_\_\_\_

**9. Percent of Transportation Service Provided: (Must total 100%)**

- |   |                           |                                   |
|---|---------------------------|-----------------------------------|
| Special Occasion _____ %                        | Airport _____ %           | Sightseeing _____ %               |
| Corporate Transfer (other than airport) _____ % | Point to Point _____ %    | Charter (200+mile radius) _____ % |
| Corporate Transfer (airport) _____ %            | School Transport _____ %  | Employee Transport _____ %        |
| TNC/Ridesharing (UBER, Lyft, etc.) _____ %      | Medical Transport _____ % | Other: _____ %                    |

**10. Percent of Nature of Transportation Provided: (Must total 100%)**

One Way \_\_\_\_\_ %      Round Trip \_\_\_\_\_ %

**11. Percent Radius of Operation: (Must total 100%)**

0-50 Miles \_\_\_\_\_ %      51-100 Miles \_\_\_\_\_ %      101-200 Miles \_\_\_\_\_ %      201+ Miles \_\_\_\_\_ %

**12. Percent of Hours of Operation: (Must total 100%)**

8AM-5PM \_\_\_\_\_ %      5PM-12AM \_\_\_\_\_ %      12AM-8AM \_\_\_\_\_ %

13. Percent of Trips scheduled 1 hour or more in advance: \_\_\_\_\_ %

14. US States, Mexican States, and Canadian Provinces that this Operation Travels in: \_\_\_\_\_

**Note: If you haul passengers for hire interstate, you are required to carry the following limits:  
 Seating Capacity of 15 or less = \$1,500,000 or Seating Capacity of 16 or more = \$5,000,000**

15. If NY Travel: JFK Airport \_\_\_\_\_ %      LaGuardia Airport \_\_\_\_\_ %      Bronx, Brooklyn, Manhattan, Staten Island, Queens \_\_\_\_\_ %

16. Are all vehicles to be scheduled on the policy owned by the named insured?       YES  NO

17. Are all vehicles operating for the named insured to be scheduled on one insurance policy?       YES  NO

18. Do you have a website for your business?  YES  NO      If YES, what is the web address? \_\_\_\_\_

19. Person to Contact: \_\_\_\_\_      20. Phone # / Cell # / Fax #:      P#: \_\_\_\_\_

21. E-mail Address: \_\_\_\_\_      C#: \_\_\_\_\_      F#: \_\_\_\_\_

By signing below, I, the Insured, hereby agree that I will comply with the following: **1.** All drivers will be reported before they will be permitted to operate any vehicle on my public livery policy. **2.** All drivers have the appropriate licenses to operate the vehicle(s) in the capacity that they are operating them. **3.** I affirm understanding and adherence to current Department of Transportation Regulations. I authorize All Risks, Ltd. to obtain a copy of Motor Vehicle Reports for rating/underwriting the insurance for which I have applied. I understand that the Insurance Company may audit my records for Hired, Non-Owned, and TNC Auto exposure. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics, and mode of living. Information as to the nature and scope of the report will be provided to me upon written request.

I hereby certify 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. The foregoing statements are hereby made as the basis and condition of the insurance. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits. By signing below, I hereby apply for insurance with respect to the coverages stated herein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature