

- ☐ NATIONAL INDEMNITY COMPANY
☐ NATIONAL FIRE & MARINE INSURANCE COMPANY
☐ NATIONAL LIABILITY & FIRE INSURANCE COMPANY
☐ NATIONAL INDEMNITY COMPANY OF MID-AMERICA
☐ WESCO-FINANCIAL INSURANCE COMPANY
☐ REDWOOD FIRE & CASUALTY INSURANCE COMPANY
☐ KANSAS FIRE & CASUALTY COMPANY

SUBMIT TO:

(General Agent)

PUBLIC TRANSPORTATION APPLICATION FOR INSURANCE

Instructions: This application is composed of four sections. You may not have to complete all sections. **Note:** All applications must be signed on last page.

SECTION 1 – General Information

- Applicant's Name _____
- Applicant is: ☐ Individual ☐ Partnership ☐ Corporation
- Name of Legal Owner of Business _____
- (a) Business Address _____
 (Number) (Street) (City) (County) (State) (Zip Code)
 (b) Is this location within the corporate city limits? ☐ Yes ☐ No
If different from business address, complete 5. and 6.
 5. Address where vehicles are garaged _____
 6. Mailing Address _____
 (Number) (Street) (City) (County) (State) (Zip Code)
- Person to Contact: For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
- Insurance is desired from _____ to _____
- Is this a new operation? ☐ Yes ☐ No Is your operation currently for sale? ☐ Yes ☐ No Seasonal in nature? ☐ Yes ☐ No
- How long has this business operated under the above name? _____ years
- Has this business ever operated under any other name? ☐ Yes ☐ No **If yes, provide previous name and address** _____
- Current management has controlled the business since _____ (yr) and has been in public transportation business since _____ (yr)
- (a) List major owners/shareholders/management:

Name	Years with Company	% of Ownership	Net Worth

 (b) What is estimated net worth of the business? _____
 (c) Gross receipts last year? _____ Estimate for coming year? _____
- (a) Have you ever filed or are you contemplating filing for reorganization or bankruptcy? ☐ Yes ☐ No
If yes, show date (month and year) and explain _____
 (b) Have you been released from reorganization or bankruptcy? ☐ Yes ☐ No Date released _____
- Has insurance been declined, cancelled or nonrenewed in the past? ☐ Yes ☐ No **If yes, why?** _____
- Do you plan on expanding or adding additional vehicles during the coming year? ☐ Yes ☐ No **If yes, explain** _____

SECTION 2 – Operations

- Type of Business _____
- Description of your Business Operation (Be specific) _____
- Is this your primary business? ☐ Yes ☐ No **If no, what is your primary business? (Describe)** _____
- Do you have any other public transportation operations that are not to be covered? ☐ Yes ☐ No **If yes, answer the following:**
 (1) Name operating under _____
 (2) Type of operations _____
 (3) Insurance carrier _____
- Number of buses owned? _____ Number of buses leased? _____
- How many units do you operate under this name? _____
- Is equipment owner-driven only? ☐ Yes ☐ No **If no, are any drivers considered independent contractors?** ☐ Yes ☐ No
If yes, explain _____
- Is your operation: Government funded ☐ Yes ☐ No Seasonal in nature ☐ Yes ☐ No
 Currently for sale ☐ Yes ☐ No Non-Profit ☐ Yes ☐ No
If yes, explain _____
- What is the largest city entered within your radius of operation? _____
- Are any lessors or others intended to be additional insureds? ☐ Yes ☐ No **If yes, list:**

Name	Address	Relationship/Interest

27. **VEHICLES** (Information must be provided on all vehicles owned or leased, even if you do not plan on insuring.)

Unit No.	Model Year	Make/ Model	I.D. Number	Use* Symbol		Seating Capacity	Radius (Miles)	Esti- mated Annual Mileage	Place of Principal Garaging	Owned or Leased (O or L)	Date Purch.	New or Used (N or U)	Anti-Lock Brakes (A), Airbags (B) or Anti-Theft Devices (C)	Original Cost New	Cost When Purchased	Present Stated Value	Do you want to insure (Y or N)	
					(wc)*												Liab	Phys Dam

*Please be specific completing this column with any and all of the following symbols that are applicable:

If a unit is equipped with a wheelchair lift indicate by (wc) in space provided.

AB Airport Bus or Limousine	COB Commuter	HB Hotel Courtesy	SBG Boy Scout/Girl Scout	SSB Sightseeing	UB Urban
CB Charter	CS Courtesy	HC Handicap	SC Senior Citizen	E/A Entertainer/Athletic	VP Van Pool
CHB Church	IB Intercity	SB School Bus	SS Social Service	TE Transp. of Employees	PPC Private Passenger
					Other-describe

28. Do you transport groups who are professional entertainers, professional athletic teams or physically or mentally handicapped? ☐ Yes ☐ No
If yes, explain _____
29. Any loss payees? ☐ Yes ☐ No If yes, give name and address of loss payee and unit(s) _____

30. DRIVER INFORMATION
(a) Current number of full time drivers: Total _____ Over 65 _____ Under 25 _____ Impaired _____
Are any drivers volunteers? ☐ Yes ☐ No If yes, explain _____
(b) How many part-time/seasonal drivers? _____ Are part-time drivers used on a weekly basis? ☐ Yes ☐ No
If yes, explain _____
(c) Are all drivers covered by Workers' Compensation Insurance? ☐ Yes ☐ No
(d) Has applicant or any driver had his driver license revoked or suspended within the last 3 years? ☐ Yes ☐ No
If yes, explain _____
(e) Drivers (Complete for all drivers)

Name	Date of Birth	Social Security No.	Driver License No.	State Where Licensed	No. Yrs driving exp.	No. Yrs driving similar vehicles	Date of Hire	Full Time (FT) Part Time (PT)	Married (Y or N)	No. of accidents past 3 yrs	No. of traffic viol. past 3 yrs

31. COVERAGE DESIRED

LIABILITY				UNINSURED MOTORISTS				Medical Payments	Personal Injury Protection	Physical Damage Deductible		
Combined Single Limit BI & PD	Split Limits			Single Limit Each Accident	Split Limits		Prop. Dam.			Specified Causes of Loss	Collision	
	Bodily Injury		Prop. Dam.		Bodily Injury							
	Each Person	Each Accident	Each Accident		Each Person	Each Accident						Each Accident

If Hired, Non-Owned coverage is desired, complete form M-4055. This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

32. LOSS EXPERIENCE
(a) Provide loss experience from prior insurance carriers for past full three years. List in order with most recent carrier first.

Policy Term		Insurance Company Name	Policy No.	No. of Public Autos	No. of Accidents	Premium		Total Amount Claims Paid & Reserve			
From	To					Liab	Phys Dam	BI	PD	Coll	Other
/ /	/ /										
/ /	/ /										
/ /	/ /										
/ /	/ /										

(b) Have you had a loss of more than \$25,000 or been involved in an accident with fatal or severe injury consequence? ☐ Yes ☐ No
If yes, explain _____
(c) Is any insured aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☐ No If yes, provide complete details _____

SECTION 3 – Filing Information

Instructions: If you are required to file evidence of automobile liability insurance with Federal, State or other authorities, complete this section. Otherwise, proceed to Section 4.

33. Have you ever changed your operating name? ☐ Yes ☐ No If yes, provide previous name and address _____
34. Do you operate under any other name? ☐ Yes ☐ No If yes, explain _____
35. Have you purchased, sold or applied for additional authority over the past 3 years? ☐ Yes ☐ No If yes, explain _____
36. Do you operate as a subsidiary of another company? ☐ Yes ☐ No If yes, state names of parent and other subsidiaries. _____
37. In what states have you either applied for or currently hold operating authority?

AK <input type="checkbox"/>	DC <input type="checkbox"/>	IN <input type="checkbox"/>	MI <input type="checkbox"/>	NE <input type="checkbox"/>	OR <input type="checkbox"/>	TX <input type="checkbox"/>
AL <input type="checkbox"/>	DE <input type="checkbox"/>	KS <input type="checkbox"/>	MN <input type="checkbox"/>	NH <input type="checkbox"/>	OK <input type="checkbox"/>	UT <input type="checkbox"/>
AR <input type="checkbox"/>	FL <input type="checkbox"/>	KY <input type="checkbox"/>	MO <input type="checkbox"/>	NJ <input type="checkbox"/>	PA <input type="checkbox"/>	VA <input type="checkbox"/>
AZ <input type="checkbox"/>	GA <input type="checkbox"/>	LA <input type="checkbox"/>	MS <input type="checkbox"/>	NM <input type="checkbox"/>	RI <input type="checkbox"/>	VT <input type="checkbox"/>
CA <input type="checkbox"/>	IA <input type="checkbox"/>	MA <input type="checkbox"/>	MT <input type="checkbox"/>	NV <input type="checkbox"/>	SC <input type="checkbox"/>	WA <input type="checkbox"/>
CO <input type="checkbox"/>	ID <input type="checkbox"/>	MD <input type="checkbox"/>	NC <input type="checkbox"/>	NY <input type="checkbox"/>	SD <input type="checkbox"/>	WI <input type="checkbox"/>
CT <input type="checkbox"/>	IL <input type="checkbox"/>	ME <input type="checkbox"/>	ND <input type="checkbox"/>	OH <input type="checkbox"/>	TN <input type="checkbox"/>	WV <input type="checkbox"/>
						WY <input type="checkbox"/>

ICC # _____ Name & address exactly as filed _____
PUC # _____

38. Have any certificates of insurance been issued under your expiring policy? ☐ Yes ☐ No
If yes, list to whom and why. _____
39. Do you lease your authority? ☐ Yes ☐ No If yes, to whom _____
40. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (ICC, PUC, etc.)? ☐ Yes ☐ No Explain _____

11. Do you ever enter Canada? ☐ Yes ☐ No Mexico? ☐ Yes ☐ No
12. Do you have agreements with other passenger carriers for the interchange of equipment or transportation of passengers? ☐ Yes ☐ No
If yes, attach a copy of current agreements and complete the following:
(a) With whom has such agreement(s) been made _____
(b) Do the parties named in (a) carry automobile liability insurance? ☐ Yes ☐ No If yes, name of insurance company _____
limits of liability (Bodily Injury & Property Damage) _____
(c) Under whose permit does each of the parties to the agreement(s) operate? _____
13. Do you hire or lease any vehicles? ☐ Yes ☐ No If yes, attach a copy of all current lease agreements and complete the following:

	Driver		Lease Payments			Do you provide the Public Liability Insurance	Do you provide the Worker's Compensation
	With	Without	Year	Current	Upcoming		
From Others			\$	\$	\$		
To Others			\$	\$	\$		

14. Check 5 of the most frequent destinations or cities of operation.
- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Houston | <input type="checkbox"/> New York City | <input type="checkbox"/> Atlantic City |
| <input type="checkbox"/> Balt/Wash | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> Las Vegas |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Omaha | <input type="checkbox"/> Mpls/St. Paul |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Little Rock | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Indianapolis |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Louisville | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Other - specify: _____ |
| <input type="checkbox"/> Dal/Ft. Worth | <input type="checkbox"/> Memphis | <input type="checkbox"/> St. Louis | _____ |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Miami | <input type="checkbox"/> San Francisco | _____ |
| <input type="checkbox"/> Detroit | <input type="checkbox"/> Nashville | <input type="checkbox"/> Tulsa | _____ |
| <input type="checkbox"/> Hartford | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Orlando/Tampa | _____ |
15. What % of time are vehicles traveling over regular routes? _____ %

% of Miles Traveled	Radius of Operation				Total
	0-50	51-150	151-300	Unlimited	
					100%

SECTION 4

Instructions: If you have a fleet of more than 10 vehicles, complete this section. Otherwise, sign application and submit for review.
16. Attach currently valued loss runs from your insurance carrier for the current year and the three previous years. If loss runs are not available, please state reason why _____

17. Type of transportation service provided:
- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Charter | <input type="checkbox"/> Airport | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Hotel & Courtesy |
| <input type="checkbox"/> Inter-City | <input type="checkbox"/> City Transit | <input type="checkbox"/> School | <input type="checkbox"/> Limousine |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Social Service | <input type="checkbox"/> Church/Scout | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Sightseeing/Tour | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Country Club | |

18. Describe any anticipated changes in operations during the coming year _____
19. Do you ever engage in the transportation of groups who are: Professional Entertainers ☐ Yes ☐ No Professional Athletic Team ☐ Yes ☐ No
Physically Handicapped ☐ Yes ☐ No Mentally Handicapped ☐ Yes ☐ No
If yes, explain _____

50. (Provide following financial information)

	No. of Revenue Producing Units	Total Mileage	Total Gross Receipts	Gross Receipts %							
				Charter	Sightseeing Tour	City Transit	School Church Scout	Airport	Social Service	Limo	Other* (Explain Below)
Upcoming Policy Year											
Current Policy Period											
Year _____											
Year _____											

- Other explain _____
51. Attach 3 year financial information if fleet is 15 units or more.
52. Physical Damage

Schedule of All Location	Type of Facility (Terminal, Garage, Office)	Own or Lease (O or L)	Type of Work	Inside		Outside		Is Lot		Security Guard (Y or N)
				Maximum No. of units stored	Maximum value	Maximum No. of Units	Maximum Value	Fenced (Y or N)	Lighted (Y or N)	

53. During the last 12 months, how many full time drivers did you hire? _____ Terminate? _____
54. What is the basis for driver's pay? ☐ Hourly ☐ Trip ☐ Mileage ☐ Other _____
Explain _____
55. Are drivers ☐ Union ☐ Non-Union
56. Driver selection: ☐ written application ☐ physical exam
☐ review MVR Pre-employment ☐ or Post-employment ☐ road test
☐ written test ☐ other - specify _____
☐ background check _____

57. Driving standards:

(a) Minimum driving age? _____ year old

(b) Minimum driving experience? _____ years. Do you require a minimum driving experience in driving public vehicles of the type you operate? ☐ Yes ☐ No **If yes, how many years?** _____

(c) Maximum # driving violations _____ Maximum # of accidents _____

(d) Do you have a disciplinary program in place in dealing with problem drivers? ☐ Yes ☐ No **If yes, explain** _____

(e) How often do you reorder MVR? _____

58. Do you service your own vehicles? ☐ Yes ☐ No **If no, explain** _____

59. How many mechanics do you employ? _____ Are they certified? ☐ Yes ☐ No

60. Do you have a parts department? ☐ Yes ☐ No Do you service vehicles of others? ☐ Yes ☐ No

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

62. Does vehicle maintenance program include the following:

Service record of each vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trip or vehicle condition report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controlled inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How frequent? _____

63. How are defects reported and followed up on? _____

64. Key person responsible for safety: Name _____ Title _____ Day Phone _____ Night Phone _____ In safety field _____

65. Number of years with company _____

66. Do you have a formal safety program? ☐ Yes ☐ No

67. Are scheduled safety meetings conducted? ☐ Yes ☐ No How often? _____

68. Are drivers/vehicles equipped with accident reports? ☐ Yes ☐ No

69. Are accident records and reports maintained current? ☐ Yes ☐ No

70. Are all accidents reviewed with driver? ☐ Yes ☐ No

71. Are driver log records kept? ☐ Yes ☐ No

72. Are the procedures and systems in compliance with regulatory requirements? ☐ Yes ☐ No

73. Describe any safety award program _____

74. Does driver indoctrination include?

Company rules and policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Route familiarization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily DOT vehicle inspection procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment familiarization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Accident reporting procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No

75. Will you finance premium? ☐ Yes ☐ No **If yes, with whom** _____

76. Are you a member of an association? ☐ Yes ☐ No **If yes, show name and address** _____

Remarks _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No **If yes, with whom** _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____

Phone No. _____