



PUBLIC AUTO SUPPLEMENTAL APPLICATION

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the managing general agent (the "Company") and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk.

ANY MISREPRESENTATIONS OF STATEMENTS MAY VOID THE POLICY	
AGENCY/PRODUCER INFORMATION	
Agency:	Agency's Phone Number:
Producer:	Producer's Phone Number:
BASIC INFORMATION	
Company Name:	FEIN or SSN:
Detailed description of insured's operations:	Business Website Address, If Applicable:
Association Memberships: <input type="checkbox"/> TLPA <input type="checkbox"/> NLA <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	
Are any filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide ICC/PUC docket #:
How many years have you been in business?	
If you are a new venture, have you ever driven for, or have you been associated with any other passenger transportation company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" give name, address, and dates:
Has any company provided notice of cancellation/non-renewal or otherwise canceled/refused to renew your insurance, including during the current term? (If yes, please attach a copy of the cancellation/non-renewal notice.) (Not applicable in MO, CO, IL, LA, NE, OR, & TN)	
How many years under current ownership?	Do they have any subsidiaries or affiliated companies? (If yes, please name and explain.)
What % of business is dispatched?	Are dispatch services shared with any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide names of organizations with which you have current contracts to provide transportation services:	
List the cities in which you have operating authority:	Major metropolitan area(s) served:
Provide the radius of operation (total to 100%): <input type="checkbox"/> % 0-50 Miles <input type="checkbox"/> % 51-200 Miles <input type="checkbox"/> % 200+ Miles	

PUBLIC AUTO SUPPLEMENTAL APPLICATION

What percentage of your trips are (total 100%): <input type="checkbox"/> % Airport <input type="checkbox"/> % Corporate <input type="checkbox"/> % School <input type="checkbox"/> % Wedding <input type="checkbox"/> % Prom <input type="checkbox"/> % Night-Out <input type="checkbox"/> % Funeral <input type="checkbox"/> % Non-Emergency Medical <input type="checkbox"/> % Disabled/Handicapped <input type="checkbox"/> % Scheduled Shuttle Service <input type="checkbox"/> % Other (please explain):	
Indicate the percentage of trips that fall within the following categories (total to 100%): <input type="checkbox"/> % Wheelchair <input type="checkbox"/> % Stretcher <input type="checkbox"/> % Ambulatory	
Indicate the percentage of trips that fall within the following categories (total to 100%): <input type="checkbox"/> % Curb-to-curb <input type="checkbox"/> % Door-to-door <input type="checkbox"/> % Door-through-door	
Do operations include any casework, home healthcare, hospice care, or off-site community education services?	
Are vehicles used for any purpose other than passenger transportation for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:
For airport trips (total 100%): <input type="checkbox"/> % Hotel/Motel <input type="checkbox"/> % Other Passenger Stations	Are customers accepted on a pre-arranged basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever transport unscheduled passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:
Are vehicles stored overnight on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there guard dogs on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either of the above, please explain:	

VEHICLE INFORMATION	
How many vehicles do you own?	How many shifts do you run with your vehicles?
Are all vehicles both titled and registered to the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No***	
<i>***IF NO, THERE MUST BE A LEASE AGREEMENT BETWEEN THE NAMED INSURED AND THE VEHICLE OWNER***</i>	
Are all vehicles titled / licensed in the state in which they operate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>PLEASE PROVIDE A COPY OF ALL VEHICLE REGISTRATIONS, VERIFYING OWNERSHIP OF SCHEDULED VEHICLES IF APPLICABLE, PROVIDE LEASE AGREEMENTS ON ALL VEHICLES LISTED ON THE APPLICATION/POLICY.</i>	
Do you subcontract work to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are certificates of insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
What limits of liability do you require? (Equal to/greater than current coverage) \$	Do you have a written vehicle maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Note: Physical damage is NOT available for salvaged vehicles.	
Vehicles are serviced on the following regular basis: <input type="checkbox"/> 3,000 miles <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (please explain)	

PUBLIC AUTO SUPPLEMENTAL APPLICATION

What is the projected annual fleet mileage?		
Are daily or pre-trip inspections made to the vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often are maintenance records reviewed by management?	
How many plates are you registered to operate? <input style="width: 50px;" type="text"/> <input type="checkbox"/> Limo (8 passengers or less) <input type="checkbox"/> Stretch Limo (9+ passengers) <input type="checkbox"/> Taxi <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Charter Bus <input type="checkbox"/> All Other Bus Service <input type="checkbox"/> Airport Bus/Limo		
How many vehicles have meters? <input style="width: 50px;" type="text"/>		
Do you accept fares utilizing any type of passenger-hailing mobile application? (e.g. Uber, Lyft) <input type="checkbox"/> Yes <input type="checkbox"/> No		
SPECIAL EQUIPMENT Please attach vehicle schedule listing all vehicles, and indicating those with special equipment.		
Do the insured vehicles have the following equipment?: <i>If "Yes," indicate the number of vehicles with this type of equipment below:</i>		
➤ Lift-Out/Pull-Out Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ Mechanical Lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ Wheelchair Passenger/Patient Safety Restraint System	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ Automatic Braking Sensor, or Any Other Type of Active Accident-Avoidance Technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ Driver's Seat Vibration or Audible Alarm, or Any Other Type of Passive Accident-Avoidance Technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ GPS	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
➤ In-Vehicle Camera	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" ⇒ # of Vehicles:	
DRIVER INFORMATION		
Driver hiring criteria:	Written application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you review MVRs before hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often are driver MVRs checked? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> After Accident		
What is the minimum age requirement for drivers?		
What is the minimum years of driving experience required for drivers?		
Do you have a driver training program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold regular safety meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	
Are drivers trained to assist elderly and/or handicapped passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are ALL persons involved in wheelchair transportation trained in the proper use of securement equipment for all types of wheelchairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between; margin-top: 5px;"> If yes, how often? Is it documented? </div>		
Do you have a drug testing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly Describe:	

PUBLIC AUTO SUPPLEMENTAL APPLICATION

Is a post-accident drug testing policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly Describe:
Are your drivers employees of your company or independent operators? <input type="checkbox"/> Employees <input type="checkbox"/> Independent Operators	
Do you provide Workers Compensation Coverage for your drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the drivers take any vehicles home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" are any of the vehicles used by family members? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide name, date of birth, and driver's license number:	
Do you have a driver incentive program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please describe:
Current number of drivers: <input style="width: 50px;" type="text"/>	In the past year how many drivers did you Add: <input style="width: 50px;" type="text"/> Replace: <input style="width: 50px;" type="text"/>
Are accident investigation and review procedures, including records, maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the review procedures include driver disciplinary procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please explain:

FOR THE FOLLOWING STATES: AL, CA, CO, DE, IL, KY, LA, MT, NV, NM, NY, OK, OR, SC, TN, WA, and WV

Have any of the drivers completed an accident prevention course within the past 36 months? (yes/no) ☐ Yes ☐ No
If yes, please provide a certificate of completion.

If yes, what course?	What is the date of completion?	What is the expiration date?
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Please indicate the percentage of drivers who have completed a safer driver course:
☐ 1-25% ☐ 25-40% ☐ 40-55% ☐ 55-70% ☐ 70-85% ☐ 85-100%

If you have multiple drivers who have completed a course, please attach proof of completion per driver.

The completion of this supplemental application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance.

Signature of Insured:	Title:	Date:
Producer's Signature:	Date:	

PUBLIC AUTO SUPPLEMENTAL APPLICATION

COMPLETE SUBMISSION REQUIREMENTS:

1. Current applicable ACORD Applications for coverage desired. Vehicle schedule should include 17-digit Vehicle Identification Number (VIN), radius, length of stretched vehicles, and number of passengers. ☐ Yes ☐ No
2. This supplemental application, signed by the insured. ☐ Yes ☐ No
3. Description of why the account is an opportunity, and what we can do to satisfy your needs. ☐ Yes ☐ No
4. Minimum of 5 years of hard copy loss runs valued within the last 60 days. Include details on claims over \$10,000. ☐ Yes ☐ No
5. Current drivers list and MVRs. Drivers list must include family members who have access to company vehicles. ☐ Yes ☐ No

PROVIDE DETAILS REGARDING CHANGES IN FLEET SIZE OVER THE PAST FIVE YEARS:

Year	Number of Units	Premium Per Unit
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		
4 th Prior:		