



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## SCHOOL BUS CONTRACTOR APPLICATION

### GENERAL INFORMATION

Applicant's Name:

Business Address:

City:

State:

Zip Code:

List all of the Applicant's location addresses:

Effective Date:

Contact and Phone Number for Inspection:

Email:

Website: www.

Federal ID # (FEIN):

Years In Business:

Type of Entity: Individual

Partnership

Corporation

Other:

Risk Management Contact:

Risk Management's Phone:

Risk Management Email:

### SECTION I – APPLICANT'S INFORMATION

1. Are there operations of the Applicant that are not related to school bus service? Yes No
2. Does the Applicant operate as a subsidiary of another company? Yes No
3. List all other named insureds or affiliated companies, if any:
  
4. Years the Applicant has been in business:
5. Has the business ever operated under a different name? Yes No
6. Breakdown of vehicles by size.

1 to 8 passenger:		# Wheelchair Equipped:	
9 to 20 passenger:		# Wheelchair Equipped:	
21 to 60 passenger:		# Wheelchair Equipped:	
61+ passenger:		# Wheelchair Equipped:	
Private Passenger Vehicles:		# Wheelchair Equipped:	
Service Vehicles:		# Wheelchair Equipped:	
7. Has there been a significant change of fleet size in the past 5 years (increase or decrease over 20%)? Yes No
8. Is the Applicant a member of the National School Transportation Association? Yes No

### SECTION II - OPERATIONS

1. Description of operations: Rural Suburban Urban
2. Radius of operations:

3. Please list the following:

Major Contracts	% of Revenue Derived	School Districts Served
	%	
	%	
	%	
	%	
	%	
	%	

Please list any additional School Districts separately.

4. Is 90% or more of the Applicant's revenue derived from the operation of school buses?      Yes      No
5. What percentage of the Applicant's revenue comes from:

Type of Service	% of Revenue
Charter Bus Services	%
Sightseeing / Tour Services	%
Taxi Services	%
Shuttle Services	%
Limousine Services	%
Medical Transportation	%
Sporting Events	%
Concerts	%

6. Has the Applicant won or lost any contracts within the last three (3) years?      Yes      No
7. List all after school activities (check all that apply):
- |             |                 |              |        |
|-------------|-----------------|--------------|--------|
| Field Trips | Athletic Events | Summer Camps | Other: |
|-------------|-----------------|--------------|--------|
8. Does the Applicant rent / lease / loan buses without drivers to others?      Yes      No
- If yes:
- a. Do the parties named carry Automobile Liability Insurance?      Yes      No
  - b. Is there a Hold Harmless / Indemnification Clause?      Yes      No
  - c. Is the Applicant named as an Additional Insured?      Yes      No

### **SECTION III – SAFETY PROGRAM**

1. Does the Applicant have a formal written safety program? (Please provide a copy)      Yes      No
2. Are regular safety meetings held?  
If yes, how often?  
If yes, please describe:
3. Is there any driver post hiring driver training?  
If yes, please describe:
4. Does the Applicant have an Accident Review Committee and disciplinary procedure for drivers with moving violations?  
If yes, please describe:  
If yes, please describe:
5. Does the Applicant provide a drug / alcohol free workplace?  
If yes, please describe:

### **SECTION IV - AUTOMOBILE**

1. Is there any personal use of the vehicles?  
If yes, please describe the Applicant's policy:

2. Are family members allowed to use company vehicles? Yes No  
If yes, please describe the Applicant's policy:
3. Do employees take company vehicles home in the evening? Yes No  
If yes, please describe the Applicant's policy:
4. Does the Applicant have a formal driving policy in place with MVR standards? Yes No  
If yes:  
 a. Is driving policy communicated in writing to all employees? Yes No  
 b. Is a signed acknowledgement form kept on file? Yes No  
 If yes, please provide a copy of signed acknowledgement.  
 c. Do driving standards include the following:  
 i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No  
 ii. No more than 2 moving violations within past 3 years? Yes No  
 iii. No more than 1 at fault accident within past 3 years? Yes No
5. Does the Applicant have GPS tracking capability? Yes No
6. Are vehicles / equipment on a scheduled maintenance program? Yes No
7. Is a log maintained listing defects and repairs? Yes No
8. At what location are the majority of the Applicant's vehicles parked when not in use?

#### SECTION V – VEHICLE INFORMATION

1. Provide addresses where all vehicles are stored and provide the number of units stored at that location.
- | Location Address | # of Units Stored |
|------------------|-------------------|
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |
2. Is there a flooding exposure? Yes No  
If yes, please describe the plan to move the buses:
3. Please describe the lot security where the Applicant's buses are parked:
4. Who performs the maintenance?  
 a. If the Applicant performs the maintenance, how many mechanics are employed?  
 b. What is the mechanics' payroll: \$
5. Are the mechanics trained or ASE certified? Yes No  
If yes, please explain:
6. Please describe the maintenance program in effect and how it is documented:
7. What determines the need for maintenance of a vehicle?

8. Are all of the Applicant's vehicles titled in the name of the Applicant's corporation listed on the application for insurance? Yes No

If not, please list the name on the registration and the VIN of the vehicle:

Name on Registration	VIN

9. Is the Applicant committed to any contract in which the Applicant has to provide the maintenance, insurance or a driver for a vehicle that the Applicant does not own? Yes No

If yes, please describe:

## SECTION VI – HIRING PROCEDURES

- |  |               |        |            |     |    |
|--|---------------|--------|------------|-----|----|
| 1. Does the Applicant hire drivers under the age of 25?  | Yes           | No     |            |     |    |
| 2. Are all drivers properly licensed and registered in accordance with State and Federal Guidelines?   | Yes           | No     |            |     |    |
| 3. Do all of the Applicant's drivers who operate school buses / vans / coaches have CDL licenses and the proper school bus passenger endorsements? | Yes           | No     |            |     |    |
| 4. Is a written application for employment completed?  | Yes           | No     |            |     |    |
| 5. Are MVR's ordered and reviewed:   |               |        |            |     |    |
| Quarterly  | Semi-Annually | Yearly | When Hired | Yes | No |
| 6. Are previous Employers contacted and references checked?  |               |        |            | Yes | No |
| 7. Is there a company supervised road test that is given to all drivers?   |               |        |            | Yes | No |
| 8. Is there an employee drug test?   |               |        |            | Yes | No |
| 9. Is there a written driving exam?  |               |        |            | Yes | No |
| 10. Is there a physical examination?   |               |        |            | Yes | No |
| 11. Is there a minimum number of years' experience required for bus driving?   |               |        |            | Yes | No |
| 12. Are driver records maintained for all drivers for a minimum of three (3) years?  |               |        |            | Yes | No |
| 13. What is the average length of employment for drivers?  |               |        |            |     |    |
| 14. Describe driver training and incentive program:  |               |        |            |     |    |

## SECTION VII - TRANSPORTATION

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant transport individuals with special needs?                             | Yes | No |
| 2. Are monitors provided when transporting special needs student?                           | Yes | No |
| 3. Are drivers / staff trained in the handling of special needs students?                   | Yes | No |
| 4. If wheelchair equipped, do all lifts / ramps comply with ADA accessibility requirements? | Yes | No |

## SECTION VIII – PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

- Attach currently valued loss runs from previous insurance carriers for each of the past five (5) policy periods
- Please provide details on any loss occurrence that exceeds \$50,000 or involves a fatality or serious injury separately

	Current Policy Period Year 20	Prior Four (4) Policy Periods			
		Year 20	Year 20	Year 20	Year 20
Insurance Carrier					
Policy Effective Date					
Limit of Liability	\$	\$	\$	\$	\$
Deductible or SIR	\$	\$	\$	\$	\$
Annual Premium	\$	\$	\$	\$	\$
Total Losses	\$	\$	\$	\$	\$
Number of Vehicles					

1. Has the Applicant's insurance ever been obtained through an Assigned Risk Plan? Yes No  
If yes, please explain:

2. Has any insurance company, during the past 4 years, cancelled or refused to renew the Applicant's Automobile Insurance Coverage? (Not Applicable in Missouri) Yes No

## **SECTION IX – FILING INFORMATION**

- |  |        |    |
|--|--------|----|
| 1. Does the Applicant's operation require FMSCA authority?   | Yes    | No |
| If yes, please provide: MC #:  | DOT #: |    |
| Please explain why FMSCA authority is needed:  |        |    |
| 2. What is the current status of the authority?  |        |    |
| 3. Please show how the Applicant's name reads on the filing:   |        |    |
| 4. Has the Applicant ever had its filing revoked?  | Yes    | No |
| 5. Does the Applicant require Form E filings?  | Yes    | No |
| If yes, please explain why a Form E is needed (and for which states):  |        |    |
| 6. Please list the agency where the form E must be filed, along with the address. <b>Attach a letter from the filing authority approving the filing.</b> |        |    |
| 7. How many vehicles do not have an SB or SV plate?  |        |    |
| 8. What are the Applicant's receipts from non-school transportation: \$  |        |    |
| 9. Please describe all non-school transportation that requires a filing:   |        |    |

## **SECTION X – ABUSE & MOLESTATION**

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Does the Applicant keep a copy of the criminal background checks in a secure location with limited access?   | Yes | No |
| 2.  | Does the Applicant order the FBI fingerprint tests on all new employees and keep a copy of the results in a secure location?   | Yes | No |
| 3.  | Does the Applicant's employment application include questions regarding whether the employee has ever been convicted of any crime, including sexual – or child abuse-related offenses? | Yes | No |
| 4.  | Are drivers prohibited from driving until background checks are received?  | Yes | No |
| 5.  | Is there a written code of conduct for drivers with regard to interacting with children?   | Yes | No |
| 6.  | Is there a written protocol in place to handle suspected or observed abuse or molestation?   | Yes | No |
| 7.  | Does the Applicant require field trips to have chaperones, placing chaperones in the back, center and front seats?   | Yes | No |
| 8.  | Are field trip chaperones teachers or well-respected members of the community?   | Yes | No |
| 9.  | Does the Applicant have cameras on all of the buses?   | Yes | No |
| 10. | On buses that transport a wide range of students, does the Applicant place the younger students in the front seats?  | Yes | No |
| 11. | Do high school students only sit two to a seat?  | Yes | No |
| 12. | Does the Applicant require all special needs students to sit in the front seats?   | Yes | No |
| 13. | Are aides required on buses that transport special needs students?   | Yes | No |
| 14. | Does the Applicant train their drivers to recognize suspected abuse among students?  | Yes | No |
| 15. | Does the Applicant have and use student conduct forms and does the school district support their use?  | Yes | No |
| 16. | Does the school district have zero tolerance for bullying and are drivers trained to recognize a bully?  | Yes | No |
| 17. | Will the Applicant put an aide on the bus if necessary to observe student conduct?   | Yes | No |

- |     |   |  |    |
|-----|---|--|----|
| 18. | In the past, has the Applicant's company ever had an allegation of abuse or misconduct?                         | Yes  | No |
| 19. | Does the Applicant conduct formal staff training on child / sexual abuse, including how to recognize the signs? | Yes  | No |
| 20. | Does the Applicant require their drivers to wear identification that can be seen?                               | Yes  | No |
| 21. | Does the Applicant perform background checks on mechanics or any substitute driver?                             | Yes  | No |
| 22. | Limit requested:  | \$100,000                    \$250,000                    \$500,000                    \$1,000,000 |    |

**Note: If \$500,000 or \$1,000,000 limits are requested, background checks are required every three years and a pre-inspection is required on a new quote.**

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

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SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)