

PUBLIC TRANSPORTATION FLEET APPLICATION CHECKLIST

Insured Company Name:			
Address:			
Insured Effective Date:	Requested Quote Date:	Proposed Effective Date:	
Agency:	Agency Website:		
Address:	Phone:		
Producer Name:			
Producer Phone:	Fax:		
Producer Email:			
Are you the incumbent agent?	If yes, for how long?		

The following supplemental information is required to properly underwrite the applicant and must be attached with this application:

- **Financial Statements:** Balance sheets and income statements for the past two year end periods and the most recent interim or quarterly statement if the year-end statement is more than six months old. If the business is not incorporated the most recent Federal tax return should be provided instead. Parent company financials, if applicable, should be provided.
- **Loss Runs:** Insurance company-produced loss runs with claim detail for the current and most recent four years. Loss runs are to be valued within the past 90 days.
- **Equipment Schedule:** Current listing of all vehicles. Include year, make, model and current stated value. If the vehicle is a stretched limousine please provide the length of stretch. To streamline the underwriting process, please provide a version of the fleet list in Excel format.
- **Drivers List:** List of all drivers including name, license number, date of birth and date of hire.
- **Mileage:** If the applicant operates interstate provide fuel tax reports for the most recent eight quarters.
- **MVR's:** If the fleet consists of less than twenty vehicles provide current motor vehicle record for each driver. A sample to be determined by the underwriter is required of larger fleets.

****Additional information may be required depending on the account and at the underwriter's discretion.**

PUBLIC TRANSPORTATION INSURANCE APPLICATION

1. Named Insured: _____
(As it appears on all regulatory filings)
2. Mailing Address: _____
Street Address _____ City _____ County _____ State _____ Zip _____
3. Principal Garaging Address: _____
Street Address _____ City _____ County _____ State _____ Zip _____
4. Phone: _____ Fax: _____
5. Applicant's Website: _____ Email: _____
6. Contacts:

Responsibility	Name	Title	Phone	Email
Safety Survey				
Billing				
Claims				
General				

7. Named Insured Is: Corporation Partnership Sole Proprietor
8. Federal Employee ID: _____
9. Named all entities to be insured, year established and description of each:

Entity	Year Established	Description of Operations

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

Name	Position/ Function	Full Time/ Part Time	# of Years	Years of Transit Exp.	% of Ownership

11. Provide the names of any public transportation entities not covered under this application in which the Named Insured or any of its officers have any business relationship, including but not limited to direct or indirect ownership interest; common/shared management, address, phone numbers, employees or advertising; or use of another's vehicles and drivers in connection with the Named Insured's business:
- _____
- _____
- _____

12. List any industry affiliations, such as UMA, IMG, Trailways, LCT, etc. _____
- _____

Operations Information:

Please describe your operations (attach additional operational descriptions as necessary): _____

1. Have you ever lost or had any authority withdrawn by a regulatory authority or are you currently under probation? Yes No N/A

If yes, please explain in detail here or on a separate sheet: _____

2. Do you operate trips into Mexico with your vehicles? Yes No N/A
There is no coverage for Mexico operations.

3. Do you operate trips or tours that begin in the U.S. and end in Mexico but are contracted to others at the U.S./Mexico border? Yes No N/A

4. Do your vehicles ever transport any commodities other than passenger baggage or mail? Yes No N/A
If yes, describe types of commodities and include copies of bills of lading issued or copies of contracts: _____
-

5. Do your vehicles ever transport professional or collegiate athletic groups or entertainment groups? Yes No N/A
If yes, please list team(s)/group(s) and number of annual trips: _____
-

6. In the chart below, enter the number of vehicles operated, annual fleet mileage and revenue for each time period:

Vehicle Class	PROJECTED	PERIOD 1 - Current Policy Year:	PERIOD 2 – 1 st Prior Policy Year:	PERIOD 3 – 2 nd Prior Policy Year:	PERIOD 4 – 3 rd Prior Policy Year:	PERIOD 5 – 4 th Prior Policy Year:
Charter Bus						
Charter Mini-Bus						
Charter Van						
Transit Bus						
Transit Van						
Para-Transit Van						
School Bus						
School Van						
Super Stretch Limo (>120")						
Stretch Limo (60 – 120")						
Limousine						
PP/Svc						
Total # Vehicles						

Mileage						
Revenue						

7. **Charter and Tour Operators:** List 10 most frequent destinations:

8. Limousine Operators: List destinations frequented outside of local 50 mile radius:

City	State	% of Trips

City	State	% of Trips

9. School Contractors: List schools and/or school districts currently under or projected contract:

10. Indicate percent of disabled/handicapped ridership: _____%

11. Does the applicant or any of its drivers utilize Transportation Network Company Mobile Applications such as but not limited to Uber or Lyft? Yes No N/A

12. Demand Response Transit: Please indicate percent of total trips:

On call _____ % vs Scheduled _____ %

Door to Door _____ % vs Curb to Curb _____ %

13. Do you utilize owner-operators and/or 1099 drivers in your business? Yes No N/A

- If yes, please provide a copy of agreement and the following information:

a. Number of owner-operators: _____

b. Number of 1099 drivers: _____

c. Will they be included under this insurance? _____

d. Is personal use of vehicles permitted? _____

Yes No N/A

Yes No N/A

If yes, are owner-operators required to provide proof of insurance for personal use?

Yes No N/A

If yes, please explain in detail and indicate annual cost of hire here or on a separate sheet:

Do you ever lease vehicles without drivers to others? Yes No N/A

Prior Loss Experience and Coverage Information:

1. Attach currently valued loss runs for the current and 4 prior policy terms.
2. Provide the following information for the current and 4 prior policy terms.

	Current Policy Period	First Prior	Second Prior	Third Prior	Fourth Prior
Insurance Carrier					
Policy effective date					
Liability Limits					
Deductible or SIR					
Annual Premium					
a. Auto Liability					
b. Physical Damage					

3. Has any company during the past 3 years cancelled or refused to renew your automobile insurance coverage? _____ Yes No N/A
If yes, please explain: _____

Safety Information:

1. Provide name, title, and years of experience of person responsible for safety: _____
What percentage of this person's work is related to safety versus other responsibilities? _____
2. Describe in detail new driver orientation: _____

3. Does the applicant have cameras in any vehicles? _____ Yes No N/A
 - If yes:
 - a. How many? _____
 - b. What system(s) in use? _____
4. Does the applicant use any telematics devices in any vehicles? _____ Yes No N/A
 - If yes:
 - c. How many? _____
 - d. What system(s) in use? _____
5. Does the applicant have any GPS tracking systems in place? _____ Yes No N/A
If yes, please list if any: _____

Driver Information:

1. Attach schedule of drivers including birth date, hire date, and number of years experience driving vehicles on this application.
2. During the past 12 months, how many drivers have been: Replaced? _____ Added? _____
3. Drivers are: Union Non-Union
4. Driver's pay is: Hourly Trip Mileage Other, please explain: _____
5. What percentage of driving is overnight? _____ %
6. Do you provide Worker's Compensation for ALL drivers? _____ Yes No N/A

Maintenance Information:

1. Do you have a written maintenance program? _____ Yes No N/A
If yes, please provide a copy.
2. Who services your vehicles? _____
3. How many mechanics are employed? _____
4. Do you service vehicles owned by others? _____ Yes No N/A
If yes, please describe work performed and list annual gross revenue: _____

Equipment Information:

1. Provide a schedule of equipment including year, make, model, and current Stated Values. To streamline the underwriting process, please send a version of the fleet list in Excel format. If the fleet includes limousines or vehicles with frame modifications, include stretch lengths and modifications for each applicable vehicle.
2. If a vehicle has been modified, provide name of modifying company for each:

3. Do you own or operate any vehicles not listed on the fleet schedule provided? _____ Yes No N/A
If yes, please explain: _____
4. Schedule of all locations (attach separate sheet if needed):

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

5. Please explain if any vehicle is not garaged at a location listed above: _____
6. Private passenger vehicles use – please state in percentages:
 - a. Use of vehicles: Business only _____% Business & pleasure _____%
 - b. Operated by: Employee only _____% Family _____% Spouse _____%
Other _____% please explain: _____

General Liability & Any Garage Operations:

Premises	Office Area	Garage Area	Parking Area	Vacant Land (Acres)
Location 1				
Location 2				
Location 3				

1. Attach currently valued loss runs for the current and 4 prior policy terms.
2. Describe any other General Liability exposures: _____
3. Contractual – include any copies of contracts.
4. How many times during the past 12 months have you serviced or repaired equipment of other operators? _____
 - a. Estimated annual revenue from this work: \$_____
 - b. Types of work performed: _____
 - c. Types of vehicles serviced: _____

Desired Coverages, Limits, And Deductibles:

	Limits	Deductible
Commercial Auto Liability		
Hired Auto Liability		
Non-Owned Auto Liability		
Uninsured Motorists		
Underinsured Motorists		
Supplemental Uninsured Motorists (NY)		
Optional Basic Reparations Benefits (CT)		
Medical Payments		
Personal Injury Protection		
Property Protection Ins. (MI)		
Physical Damage		
Specified Perils		
Comprehensive		
Collision		
Commercial General Liability		
Garage Liability		
Garagekeepers Legal Liability: (list other locations on separate sheet)		
Specified Perils		
Comprehensive		
Collision		

Additional options, comments: _____

Filings Information:

1. FMCSA filing: USDOT No: _____ MC: _____
2. List states or other regulatory agencies that require filings (provide docket No's for CA, IN, KY, NM, TX): _____
3. 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
AL		
AK		
AZ		
AR		
CA		
CO		
CT		
DE		
DC		
FL		

	F	V
GA		
ID		
IL		
IN		
IA		
KS		
KY		
LA		
ME		
MD		

	F	V
MA		
MI		
MN		
MS		
ND		
MO		
MT		
OK		
NE		
NV		
NJ		
NH		

	F	V
NM		
NY		
NC		
TX		
ND		
OH		
UT		
OK		
VA		
OR		
WA		
PA		
RI		
WV		
WI		
SC		

	F	V
SD		
TN		
TX		
UT		
VT		
VA		
WA		
WV		
WI		
WY		

Canada Filings:

	F	V
Alberta		
British Columbia		
Manitoba		
New Brunswick		
Newfoundland		
Northwest Territory		
Nova Scotia		
Ontario		
Prince Edward Island		

Coverage Not Available For Mexico Based Operations

Producer Information:

Producer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

The completion of this application creates no express or implied obligation on the part of RLI Transportation to offer a quotation or provide insurance as requested in this application and survey.

Producer's Signature

Officer of Insured's Signature

Title

Title

Date

Date

GENERAL FRAUD STATEMENT

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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.

FLORIDA, OKLAHOMA

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. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person 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.

MAINE, TENNESSEE, VIRGINIA, 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 may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

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 false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.