



PUBLIC AUTO SUPPLEMENTAL APPLICATION

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137

Note: For Fleet Accounts (5 or more power units), the following information is required:

- 1. Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.
2. Copy of formal Safety Program or written explanation of informal safety program.
3. Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.
4. Copy of vehicle maintenance schedule, including sample maintenance logs.

Section I - General Information

- 1. Policy Period Desired Phone #
2. Insured Name Fax #
3. (dba)
4. Physical Address (if diff. from mailing)
5. Have you ever operated under another name? Yes No
6. If "Yes," what was the name of that operation?

Section II - Description of Operations:

NOTE: If risk does not fall into one of the categories listed below, company approval is required to quote the account (check all that apply).

- Bus NOC
Church
Day Care
Hotel/Courtesy Shuttle
Migrant Workers (Florida Only)
School Bus/Head Start
School owned
Independent contractor
Social Service (Select one or a combination of the following)
Alcohol/Drug Rehabilitation Center
Boy or Girl Scout Centers
Domestic Violence Centers
Homeless Shelters
Psychiatric Counseling
Youth Center

- 1. Describe fully all operations conducted by you which involve the use of automobiles (passenger carrying or otherwise):
2. Is a safety belt use policy in place for all passengers? Yes No
3. Estimated length of operation per vehicle; per day: hours; % is night driving
4. Do you share dispatch services with any other company/entity? Yes No
If "Yes," explain:
5. Do you ever have the occasion to transport passengers who are physically or mentally disabled. Yes No
If "Yes," explain:
If "Yes," are units equipped to handle handicapped and are drivers/aides trained to handle such equipment? Yes No; If "No," explain:
6. Explain how patients, gurneys and wheelchairs are secured:

NOTE: If you answered "Yes," to question 5, company approval is required to quote the account.

- 7. Are there any youthful operators (under the age of 21)? Yes No
8. Is there any personal use of vehicles? Yes No

NOTE: If you answered "Yes" to either question 7 or 8, company approval is required to quote the account.

- 9. Do your drivers own and operate their own vehicles in your business? Yes No

NOTE: If you answered "Yes" to question 9, company approval is required to quote the account.

Section III - Area of Operations

1. Define normal areas of operation, i.e., Cities, States: _____
2. Do you operate over a regular route? Yes No: If "Yes," describe: _____
3. List largest cities entered in each state _____
4. Radius of operation 0-100 101-300 **301-500**

NOTE: If radius is over 300 miles, company approval is required to quote the account.

Section IV - Driver Information

1. Do you carry Worker's Compensation? Yes No
NOTE: If "No," and fleet account, company approval is required to quote the account.
2. Driver pre-hire procedure used (check all that apply) Application MVR check Driver test
 Written test Pre-Employment physical Employment Reference Check
3. How are drivers trained to handle special needs passengers? _____
4. Describe the training program for drivers in loading, placement and operation of the vehicle. _____
5. Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific) _____
6. Do you report drivers to your agent within **14 days** of employment? Yes No
NOTE: If the answer is "No," to question 6, company approval is required to quote the account.
7. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?
 Yes No; If "Yes," explain: _____
8. What is the wage level of your drivers/employees compared to the industry?
 Average Below Average Above Average
9. What is your estimated annual driver/employee turnover? _____%

Section V – Equipment Information

1. Do you interchange equipment with other carriers? Yes No
If "Yes," give details: _____
2. Is there specialized equipment attached to any unit? (check all that apply)
 Wheel chair lifts Tie downs Other (Be specific): _____
3. If more than one unit insured, describe which unit is specially equipped. _____
4. Check all applicable Body Types and indicate how many units of each type:
 15 passenger van ____ Station Wagon ____ SUV ____ Private Passenger vehicle ____ Bus ____
 Other: _____

Section VI - Safety and Maintenance

1. Give Details of Safety Program: (Be specific) : _____
Are any of the following procedures in place? (check all that apply)
 Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program
2. How often is vehicle maintenance done and by whom? (Be specific) _____
3. Describe your accident reporting procedures: _____
4. Describe security at Garaging Location (check all that apply):
 Units locked when not in use Keys kept in lock box Well lit lot Fenced lot Commercial area
 Residential area Other : _____
5. Are owners/employees allowed to take units home at night? Yes No
If "Yes," provide details on which employee takes unit(s) home and how the unit(s) is secured.
6. Are owners/employees allowed to use vehicles for personal use? Yes No
7. If "Yes," describe your guidelines for personal use of vehicles: _____

8. Do you have a driver safety incentive program? Yes No
If "Yes," attach written description of informal program or attach a copy of your formal program.
9. Is there safety equipment attached to any unit? (check all that apply) Back up alarms
 Video Monitors/Cameras 2-Way Radio DriveCam Other: (Be specific): _____

Section VII- Additional Insured & Waiver of Subrogation

NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.

Section VIII- Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

 Applicant's Signature

 Date

 Witness

 Date

 Agent's or Broker's Name (Please print) Telephone # / License #

 Agent's Signature