

**BUS CONTRACTOR WORKSHEET**

Named Insured: \_\_\_\_\_

City/State: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Limit: \_\_\_\_\_

Underwriter: \_\_\_\_\_

Description of operations:  
(Include Description of Driver Safety Program, Maintenance Procedures) \_\_\_\_\_

Cities and School Districts Served: \_\_\_\_\_

Subject to lay-up credit for nonuse during summer?  
If not, describe use: \_\_\_\_\_

Any Charter Bus operations? \_\_\_\_\_ Radius \_\_\_\_\_

Describe: (Include charter routes and frequency) \_\_\_\_\_

<b><u>School Buses</u></b>	<b><u># of Units</u></b>	<b><u>At Limits Premium</u></b>
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- 0 - 8 Pass.
- 9 - 20 Pass.
- 21 - 60 Pass.
- over 60 Pass.

Charter Buses:

Other Units:

\*Garage Operations:

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**Loss Experience** (minimum 3 years)

<b><u>Year</u></b>	<b><u>Carrier</u></b>	<b><u># of Losses</u></b>	<b><u>Incurred</u></b>
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**Losses Excess of \$25,000**

<b><u>Date</u></b>	<b><u>Incurred</u></b>	<b><u>O/C</u></b>	<b><u>Description</u></b>
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Manual premium @ 1m CSL: \_\_\_\_\_

Modified premium @ 1m CSL: \_\_\_\_\_

Guaranteed Cost or Other?: \_\_\_\_\_

Expiring Carrier - Limits & Prem: \_\_\_\_\_

Comments/Notes:

\*Needed only if writing full Umbrella - in conjunction with Umbrella app.

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**INSURED:**  
**LOCATION:**

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A) Comprehensive General Liability:

<u>Year</u>	<u>Premium</u>	<u># of Claims</u>	<u>Amount Paid</u>	<u>Total Incurred (Paid &amp; Reserved)</u>
Current	\$		\$	\$
1 <sup>st</sup> prior	\$		\$	\$
2 <sup>nd</sup> prior	\$		\$	\$
3 <sup>rd</sup> prior	\$		\$	\$
4 <sup>th</sup> prior	\$		\$	\$
5 <sup>th</sup> prior	\$		\$	\$

B) Product Liability:

<u>Year</u>	<u>Premium</u>	<u># of Claims</u>	<u>Amount Paid</u>	<u>Total Incurred (Paid &amp; Reserved)</u>
Current	\$		\$	\$
1 <sup>st</sup> prior	\$		\$	\$
2 <sup>nd</sup> prior	\$		\$	\$
3 <sup>rd</sup> prior	\$		\$	\$
4 <sup>th</sup> prior	\$		\$	\$
5 <sup>th</sup> prior	\$		\$	\$

C) Comprehensive Auto Liability:

<u>Year</u>	<u>Premium</u>	<u># of Claims</u>	<u>Amount Paid</u>	<u>Total Incurred (Paid &amp; Reserved)</u>
Current	\$		\$	\$
1 <sup>st</sup> prior	\$		\$	\$
2 <sup>nd</sup> prior	\$		\$	\$
3 <sup>rd</sup> prior	\$		\$	\$
4 <sup>th</sup> prior	\$		\$	\$
5 <sup>th</sup> prior	\$		\$	\$

D) Umbrella Liability:

<u>Year</u>	<u>Premium</u>	<u># of Claims</u>	<u>Amount Paid</u>	<u>Total Incurred (Paid &amp; Reserved)</u>
Current	\$		\$	\$
1 <sup>st</sup> prior	\$		\$	\$
2 <sup>nd</sup> prior	\$		\$	\$
3 <sup>rd</sup> prior	\$		\$	\$
4 <sup>th</sup> prior	\$		\$	\$
5 <sup>th</sup> prior	\$		\$	\$

Provide same details as above. On opposite side of paper list and fully describe all claims in excess of \$10,000.  
**DO NOT** write "See Attached" - Loss runs should only support this paper.