

PARATRANSIT SUPPLEMENTAL APPLICATION

It is specifically represented that the statements in this application are true and correct.

ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.

GENERAL INFORMATION

Named Insured _____

Federal Identification Number or Social Security Number: _____

Detailed description of your operations _____

Association Memberships: TLPA _____ NLA _____ Other _____

(Describe) _____ None _____

Are any filings required? Yes _____ No _____ If yes, please provide the ICC/PUC docket

number: _____

How many years has this organization been under the present name? 2

List all subsidiaries: _____

Years in business _____ If you are a new venture, have you ever driven for or been associated with any other passenger transportation company? Yes _____ No _____ If yes,

give name, address and dates _____

What percentage of your business is dispatched? _____% Do you share dispatch services

with any other company? Yes _____ No _____ Please provide names of

organizations that you have current contracts with to provide transportation services

Radius of operation: 0-50 Miles _____% 51-200 Miles _____% Over 200 Miles _____%

List the cities in which you have operating authority: _____

Major Metropolitan Area(s) Served _____

With a total of 100%, what percentage of your trips are: Airport _____%

Corporate _____% Non-emergency medical _____% Disabled/Handicapped _____%

School _____% Scheduled Shuttle Service _____% Other (please explain) _____ %

Are vehicles used for any other purpose other than transporting passengers for hire? If so, explain _____

Do you have a formal safety program? Yes _____ No _____

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? Yes _____ No _____

If no, there must be a lease agreement between the Named Insured and the vehicle owner.

Are all vehicles titled and/licensed in the State in which they operate? Yes _____

No _____

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. The policy will only include those vehicles where the Named Insured owns the permits/medallions.

Do you subcontract work to others? Yes _____ No _____ Are certificates of insurance obtained? Yes _____ No _____

What limits of liability do you require? (Should be at least equal to your own.) \$ _____

Do you have a written vehicle maintenance program? Yes _____ No _____

Vehicles are serviced on the following regular basis: 3,000 miles _____ Monthly _____

Semi-annually _____ Other _____

If other, please explain _____

Who provides the maintenance on your vehicles _____

Are daily or pre-trip inspections made to the vehicles? Yes _____ No _____

How often are the maintenance records reviewed by management _____

How many plates are you registered to operate _____

At which airport(s), if any, do you pick up or deliver _____

Are any of your taxis equipped with:

A. Lift out or Pull out Ramps? Yes _____ No _____

B. Mechanical Lifts? Yes _____ No _____

C. Wheelchair Passenger/Patient Safety Restraint System? Yes _____ No _____

D. Vehicle Wheelchair Securing System? Yes _____ No _____

E. Ambulatory Passenger/Patient Safety Restraint System? Yes _____ No _____

DRIVER INFORMATION

Driver hiring criteria: Written application? Yes _____ or No _____

Do you Review MVRs before hiring? Yes _____ or No _____

Any age requirements for drivers? Yes _____ No _____ If yes, what are they _____

Do you have a driver training program? Yes _____ No _____

Do you hold regular safety meetings? Yes _____ No _____ If yes, how often? _____

Are drivers trained to assist elderly/handicapped passengers? Yes _____ No _____

Do you have a drug testing policy? Yes _____ No _____

Are post accident drug testing procedures in place? Yes _____ No _____ If yes to either or

both questions, please give a brief description _____

Are drivers employees or independent operators? _____

Do you provide Workers Compensation Coverage on your drivers? Yes _____ No _____

Do the drivers take the vehicles home? Yes _____ No _____

If yes, are any of the vehicles used by family members? Yes_____ No_____

If yes, please provide name, date of birth, and drivers license number_____

Do you have a driver incentive program? Yes_____No_____ If yes, please explain_____

Current number of drivers?_____During the past year, how many drivers have you added?_____Replaced_____

How often are drivers' MVRs checked? Annually_____Semi-annually_____

Quarterly_____After an accident_____

Are MVRs obtained and reviewed prior to hiring new drivers? Yes_____No_____

Are accident investigation and review procedures, including records,

maintained? Yes_____No_____

Do the review procedures include driver disciplinary procedures? Yes_____No_____

If yes, please explain_____

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

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 and subjects the person to criminal and civil penalties.

Signature of Insured

Title

Date

Producer's Signature

Date

COMPLETE SUBMISSION REQUIREMENTS:

1. This supplemental application, signed by the insured.
2. Current applicable ACORD Applications for coverages desired. Vehicle schedule should include 17 digit VIN number, radius, length of stretched vehicles and number of passengers.
3. Minimum of 4 years of hard copy loss runs valued within the last 60 days. Include details on claims over \$10,000.
4. Current Drivers list and MVRs. Drivers list must include family members who have access to company vehicles.
5. Provide details regarding the changes in the fleet size over the past four years.

Year_____

Number of Units

Premium Per Unit

