



ONE INTERNATIONAL BLVD.  
SUITE 405  
MAHWAH, NJ 07495  
Phone (201)252-3030 - Fax (201)252-3031

**PUBLIC TRANSPORTATION FLEET CHECKLIST**

Applicant Name: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Requested Quote Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you the incumbent agent?  Yes  No

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

- o **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.
- o **Loss Runs:** Insurance company-produced loss runs with claim detail for the current and most recent three years. Loss runs are to be valued within the past 90 days.
- o **Equipment Schedule:** Current listing of all vehicles. Include year, make, model and current stated value. If the vehicle is a stretched limousine provide the length of stretch.
- o **Drivers List:** List of all drivers including name, license number, date of birth and date of hire.
- o **Mileage:** If the applicant operates interstate provide fuel tax reports for the most recent eight quarters.
- o **MVR's:** Required.

# PUBLIC TRANSPORTATION INSURANCE APPLICATION

## NAMED INSURED INFORMATION

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. Safety Survey Contact Name: \_\_\_\_\_ Phone# \_\_\_\_\_
  
6. Named Insured is:     Corporation     Partnership     Sole Proprietor    Federal Employer I.D. #:
  
7. Name of all entities to be insured, year established and description of each:

Entity	Year Business Established	Description of Operations

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

Name	Position / Function	Full-time / Part-time	No. of years	Years of Transit Experience	Pct. Ownership

9. Provide the name(s) of any public transportation entity(ies) not covered under this application in which the Named Insured or any of its officers, directors, partners or stockholders have a direct or indirect ownership interest;

\_\_\_\_\_

## OPERATIONS INFORMATION

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

\_\_\_\_\_

1. Have you ever lost or had any authority withdrawn by any regulatory authority (Interstate Commerce Commission, Public Utilities Commission, etc.) or are you under current probation?  Yes  No If "yes," explain in detail here or on a separate sheet.
  
2. Do your vehicles ever transport any commodities, other than passenger baggage or mail?  Yes  No  
 If "yes," describe types of commodities and include copies of bills of lading issued or copies of contracts.
  
3. Do your vehicles ever transport professional athletic or entertainment groups?  Yes  No If "yes," please explain
  
4. List below your average number of revenue-producing units, mileage and gross receipts for the proposed, current and three previous policy periods.

	Year	Revenue Units	Mileage	Gross Receipts
12 Months Projected:	_____	_____	_____	_____
Current Policy Year:	_____	_____	_____	_____
1st Prior Policy Year:	_____	_____	_____	_____
2 <sup>nd</sup> Prior Policy Year:	_____	_____	_____	_____
3 <sup>rd</sup> Prior Policy Year:	_____	_____	_____	_____

For each of the following categories, indicate your projected (A) receipts for the proposed policy period, (B) total mileage for 5. the proposed policy period and (C) number of units (totals should match the data in #4.A.).

Vehicle Category:	Buses	Vans	Pvt Pass	Service
School	_____	_____	_____	_____
Airport	_____	_____	_____	_____
Sightseeing	_____	_____	_____	_____
Regular route intercity	_____	_____	_____	_____
Charter	_____	_____	_____	_____
Urban Transit	_____	_____	_____	_____
Limousines	_____	_____	_____	_____
Wheelchair-Accessible vehicles	_____	_____	(If more than 10% of fleet, complete Supplemental Wheelchair Application)	
Other (describe)	_____	_____		

6. **Charter and Tour Operators:** List your ten most frequent destinations:

City or Attraction	ST	% of Trips	City or Attraction	ST	% of Trips
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List the destinations of the five longest trips made in the past 12 months:

7. **School Contractors:** List the schools or school districts and their locations with which you have contracts:

8. Indicate % of disabled / handicapped ridership:

9. Demand Response Transit: Please indicate % of total trips:  
 On call vs Scheduled Door to Door vs Curb to Curb

10. Do you utilize owner-operators in your business?  Yes  No

a. If "yes", please list the number of owner-operators: \_\_\_\_\_; and provide a copy of owner-operator agreement.

b. Will they be included under this insurance?  Yes  No

c. Is personal use of vehicles permitted?  Yes  No If "yes", are owner-operators required to provide proof of insurance for personal use of their vehicle?  Yes  No

11. Do you ever lease vehicles with drivers to others?  Yes  No

Please explain: \_\_\_\_\_

12. Do you ever lease vehicles without drivers to others?  Yes  No

## PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

1. Attach currently valued loss runs from your insurance carriers for each of the past five (5) policy periods. **Please provide details on any loss occurrences that exceed \$100,000 or involve a fatality or serious injury on a separate sheet.**
2. Provide the following information for the current and past five (5) policy periods:

	Current Policy Period	Prior Four Policy Periods			
	_____	_____	_____	_____	_____
Insurance carrier	_____				
Policy effective date	_____				
Liability limits	_____				
Deductible or SIR	_____				
Annual premium	_____				
1. Auto Liability	_____				
2. Physical Damage	_____				
Total Losses	_____				
1. Auto Liability	_____				
2. Physical Damage	_____				
3. Valuation Date	_____				

3. Has your insurance ever been obtained through an Assigned Risk Plan?  Yes  No If "Yes," please explain: \_\_\_\_\_
4. Has any company, during the past three years, cancelled or refused to renew your automobile insurance coverage?  Yes  No If "yes," please explain: \_\_\_\_\_

## SAFETY INFORMATION

1. Please provide name, title, and years of experience of person(s) responsible for safety: \_\_\_\_\_  
Other duties: \_\_\_\_\_
2. Do your Driver selection procedures include:
 

A. Written applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Reference checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Written test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Road test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Physical exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Federal DOT requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) State DOT requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Do you obtain driver MVR records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Do you MVR records periodically during employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-employment
H. Drug testing prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does driver indoctrination include:
 

A. Company rules and policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Daily DOT vehicle inspection procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Equipment familiarization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Route familiarization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. Accident reporting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does road supervision include:
 

A. Mechanical recording devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Radio dispatch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Are accident investigation and review procedures, including records, maintained?  Yes  No Do the review procedures
5. include disciplinary procedures?  Yes  No If "yes," explain: \_\_\_\_\_
6. Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made.

## DRIVER INFORMATION

1. Attach schedule of drivers including date of birth, date of hire, and number of years of experience.
2. Current total number of drivers: \_\_\_\_\_
3. During the last 12 months, how many drivers have you: Replaced? \_\_\_\_\_ Added? \_\_\_\_\_

4. Driver's pay is calculated by  trip  mileage  hourly  other (explain): \_\_\_\_\_
5. Drivers are:  Union  Non-Union
6. Driver's maximum hours:
 

	a Driving _____	daily,	_____	weekly
	b On duty _____	daily,	_____	weekly
7. Do you ever lease vehicles with drivers: a.) from others? \_\_\_\_\_ b.) to others? \_\_\_\_\_

**MAINTENANCE INFORMATION**

1. Do you have a written maintenance program? \_\_\_\_\_ If "yes," please attach a copy.
2. Do you service your own vehicles?  Yes  No If "no," who does? \_\_\_\_\_
3. How many mechanics do you employ? \_\_\_\_\_
4. Do you service vehicles of others?  Yes  No
5. If you service vehicles of others what is the annual gross revenue? \$ \_\_\_\_\_
6. Does vehicle maintenance program include:
 

A service record of each vehicle (attach copy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Controlled inspection frequency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicle daily condition reports (attach copy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The above for leased vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

 How often are these various reports reviewed by management? \_\_\_\_\_

**EQUIPMENT INFORMATION**

1. Attach complete schedule of equipment including year, make, model and **current stated amounts** if Physical Damage coverage desired.
2. If the applicant's fleet includes **limousines** are any of the vehicles stretched?  Yes  No  N/A  
If "yes," specify the length of the stretch for each applicable vehicle on the vehicle list. \_\_\_\_\_
3. Was the vehicle(s) specified in question 2 modified by a **Qualified Vehicle Modifier (QVM)**?  Yes  No  N/A  
If "yes", specify the name of the modifying firm(s): \_\_\_\_\_
4. Do you own or operate any equipment not listed on the schedule?  Yes  No If "yes", explain: \_\_\_\_\_
5. Schedule of all locations: (Attach separate sheet if necessary.)

	Location 1	Location 2	Location 3
Address			
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?			

6. Please explain completely if any equipment is not garaged or stored at above locations: \_\_\_\_\_
7. Private passenger vehicles use – please state in percentages:
 

A. Use of vehicles:	business only	business & pleasure	
B. Operated by:	employee only	family	spouse                      other

**GENERAL LIABILITY & GARAGE LIABILITY COVERAGE QUESTIONS**  
(leave blank if coverages not required)

	Office Area	Garage area	Parking Area	Vacant Land (acres)
Location 1				
Location 2				
Location 3				

1. Please describe any other General Liability exposures: \_\_\_\_\_
2. Contractual – include copies of contracts \_\_\_\_\_
3. Please describe any General Liability losses for current and past three years and provide currently-valued loss runs. \_\_\_\_\_
4. A. How many times during the past 12 months have you serviced or repaired equipment of other operators?  
B. Estimated annual revenue from this work \$ \_\_\_\_\_

- C. Types of work performed: \_\_\_\_\_  
 D. Types of vehicles serviced?: \_\_\_\_\_  
 5. Please describe any Garage Liability or Garagekeepers losses (separately) for current and past three years and provide currently-valued loss runs. \_\_\_\_\_

## DESIRED COVERAGES

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

Additional options, comments: \_\_\_\_\_

## FILINGS INFORMATION

- If Interstate Commerce Commission filing is required, provide I.C.C. Docket No.: MC \_\_\_\_\_
- List States or other regulatory agencies that require filings (provide Docket #'s for CA, IN, KY, NM, TX): \_\_\_\_\_
- 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		F	V		F	V		F	V		F	V	Canada Filings		
AL	<input type="checkbox"/>	<input type="checkbox"/>	GA	<input type="checkbox"/>	<input type="checkbox"/>	MA	<input type="checkbox"/>	<input type="checkbox"/>	NM	<input type="checkbox"/>	<input type="checkbox"/>	SD	<input type="checkbox"/>	<input type="checkbox"/>		F	V
AK	<input type="checkbox"/>	<input type="checkbox"/>	ID	<input type="checkbox"/>	<input type="checkbox"/>	MI	<input type="checkbox"/>	<input type="checkbox"/>	NY	<input type="checkbox"/>	<input type="checkbox"/>	TN	<input type="checkbox"/>	<input type="checkbox"/>	Alberta	<input type="checkbox"/>	<input type="checkbox"/>
AZ	<input type="checkbox"/>	<input type="checkbox"/>	IL	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>	<input type="checkbox"/>	NC	<input type="checkbox"/>	<input type="checkbox"/>	TX	<input type="checkbox"/>	<input type="checkbox"/>	British Columbia	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>	MS	<input type="checkbox"/>	<input type="checkbox"/>	ND	<input type="checkbox"/>	<input type="checkbox"/>	UT	<input type="checkbox"/>	<input type="checkbox"/>	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>
CA	<input type="checkbox"/>	<input type="checkbox"/>	IA	<input type="checkbox"/>	<input type="checkbox"/>	MO	<input type="checkbox"/>	<input type="checkbox"/>	OH	<input type="checkbox"/>	<input type="checkbox"/>	VT	<input type="checkbox"/>	<input type="checkbox"/>	New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>
CO	<input type="checkbox"/>	<input type="checkbox"/>	KS	<input type="checkbox"/>	<input type="checkbox"/>	MT	<input type="checkbox"/>	<input type="checkbox"/>	OK	<input type="checkbox"/>	<input type="checkbox"/>	VA	<input type="checkbox"/>	<input type="checkbox"/>	Newfoundland	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	KY	<input type="checkbox"/>	<input type="checkbox"/>	NE	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	WA	<input type="checkbox"/>	<input type="checkbox"/>	Northwest Territory	<input type="checkbox"/>	<input type="checkbox"/>
DE	<input type="checkbox"/>	<input type="checkbox"/>	LA	<input type="checkbox"/>	<input type="checkbox"/>	NV	<input type="checkbox"/>	<input type="checkbox"/>	PA	<input type="checkbox"/>	<input type="checkbox"/>	WV	<input type="checkbox"/>	<input type="checkbox"/>	Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>
DC	<input type="checkbox"/>	<input type="checkbox"/>	ME	<input type="checkbox"/>	<input type="checkbox"/>	NJ	<input type="checkbox"/>	<input type="checkbox"/>	RI	<input type="checkbox"/>	<input type="checkbox"/>	WI	<input type="checkbox"/>	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	<input type="checkbox"/>
FL	<input type="checkbox"/>	<input type="checkbox"/>	MD	<input type="checkbox"/>	<input type="checkbox"/>	NH	<input type="checkbox"/>	<input type="checkbox"/>	SC	<input type="checkbox"/>	<input type="checkbox"/>	WY	<input type="checkbox"/>	<input type="checkbox"/>	Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>

- Please specify your home state for Single State Registration:

**COVERAGE NOT AVAILABLE FOR MEXICAN OPERATIONS.**

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**PRODUCER INFORMATION**

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***The Completion of this application creates no express or implied obligation on the part of W.F. Clayton & Associates, LLC to offer or provide insurance as requested in this application and survey.***

***General Fraud Statement  
(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)***

***Any person who knowingly and with intent to defraud any insurance company or another 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. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied***

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Senior Officer of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date