



# PUBLIC SUPPLEMENTAL

350 10<sup>th</sup> Avenue, Suite 1450 | San Diego, CA 92101  
Phone: 619.333.2500 | Fax: 619.593.2176

Sightseeing

## TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

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

### GENERAL INFORMATION

1. Is this a New Venture?  Yes  No If no, please provide number of years in business \_\_\_\_\_  
If yes, please provide specific details about your experience in this industry including prior employment and driving history: \_\_\_\_\_
2. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
3. Have you ever changed your operating name?  Yes  No  
If yes, please explain: \_\_\_\_\_
4. Have you filed for bankruptcy within the last 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. Do you operate in more than one state?  Yes  No If yes, list states: \_\_\_\_\_
6. List largest cities entered into: \_\_\_\_\_
7. Is our policy to cover all vehicles owned, operated or under lease to the applicant?  Yes  No  
If no, explain: \_\_\_\_\_
8. Does applicant have General Liability Coverage?  Yes  No  
If yes, please provide name of carrier & policy term: \_\_\_\_\_
9. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years  
Estimate for coming year \_\_\_\_\_ Current year \_\_\_\_\_ 1<sup>st</sup> Prior year \_\_\_\_\_

### DRIVER INFORMATION

10. Current number of drivers \_\_\_\_\_
11. During the past year, how many drivers have you - Added? \_\_\_\_\_ Replaced? \_\_\_\_\_
12. Do you order & review MVR's prior to hiring?  Yes  No
13. Minimum required age for driver: \_\_\_\_\_ Maximum driver age: \_\_\_\_\_
14. Do all drivers have at least 2 years of like driving experience?  Yes  No
15. Are all drivers properly licensed to drive the vehicles on the schedule (i.e. CDL, Passenger End't, etc.)?  Yes  No
16. Maximum number of driving violations allowed within the last 3 years: \_\_\_\_\_
17. Maximum number of accidents allowed within the last 3 years: \_\_\_\_\_
18. Is pre-employment drug testing required for all drivers?  Yes  No
19. Are all drivers/employee's covered by Worker's Compensation?  Yes  No
20. Is a Written Safety Program in place?  Yes  No
21. Is there a Driver Safety Incentive plan in place?  Yes  No
22. Are accident investigation & review procedures, including records, maintained?  Yes  No
23. Do the review procedures include driver disciplinary procedures?  Yes  No  
If yes, please explain: \_\_\_\_\_
24. What is the basis for driver(s) pay?  
Hourly \_\_\_\_\_ Trip \_\_\_\_\_ Mileage \_\_\_\_\_ Other, explain \_\_\_\_\_

25. Drivers maximum driving hours \_\_\_\_\_ daily, \_\_\_\_\_ weekly
26. Are drivers allowed to take vehicles home at night?  Yes  No  
 If yes, will family members be allowed to drive?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**VEHICLE INFORMATION**

27. Current total annual mileage: \_\_\_\_\_ Average annual miles per unit \_\_\_\_\_
28. Estimated annual mileage for upcoming year: \_\_\_\_\_
29. Is there a written vehicle maintenance program in place?  Yes  No
30. Are daily or pre-trip inspections made to the vehicles?  Yes  No
31. Do you service your own vehicles?  Yes  No If no, who does? \_\_\_\_\_
32. Are written maintenance history records kept for all units?  Yes  No
33. Does the insured have a formal procedure in place to retire older and/or high mileage units?  Yes  No  
 If yes, explain: \_\_\_\_\_
34. Do any vehicles have special equipment for handicapped or non-ambulatory clients?  Yes  No  
 If yes, please identify which vehicles: \_\_\_\_\_
35. Are all drivers trained on proper tie-down procedures for wheelchairs?  Yes  No
36. Are all vehicles equipped with alarms, GPS or some other theft deterrent device?  Yes  No
37. Where are vehicles stored when not in use? \_\_\_\_\_
38. If vehicles are stored at one location, describe the type of location and its security: \_\_\_\_\_  
 \_\_\_\_\_
39. Do you lease, hire or borrow vehicles from others?  Yes  No  
 If yes, explain: \_\_\_\_\_
40. Do you lease, hire out or loan your vehicles to others?  Yes  No  
 If yes, explain: \_\_\_\_\_

**FILING INFORMATION**

41. Are any State and/or Federal filings required?  Yes  No  
 State filings, list states and permit number: \_\_\_\_\_  
 Federal filings: MC # \_\_\_\_\_ Base registration state: \_\_\_\_\_
42. Do you allow others to operate under your authority?  Yes  No  
 If yes, please explain: \_\_\_\_\_
43. List exact name and address in which filings are issued \_\_\_\_\_
44. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority?  Yes  No  
 If yes, explain: \_\_\_\_\_

**OPERATIONS INFORMATION**

45. Radius of operations: 0 – 100 miles \_\_\_\_\_% 101 – 500 miles \_\_\_\_\_% Over 501+ miles \_\_\_\_\_%
46. Are all tours pre-arranged?  Yes  No
47. Do all tours involve visiting local points of interest and return the same day?  Yes  No
48. Are autos operated on a regular route or schedule?  Yes  No
49. Any charter operations?  Yes  No  
 If yes, explain: \_\_\_\_\_
50. Do you transport customers on wine tours?  Yes  No

- 51. Do you own any trolley units?  Yes  No
- 52. Are vehicles rented out for wedding parties or special events?  Yes  No
- 53. Any seasonal operations?  Yes  No
- 54. Do you own or rent any 15 passenger vans?  Yes  No  
 If yes, do all drivers have prior experience driving these types of units?  Yes  No
- 55. What percentage of your transportation services are:
  - a. Provided by you \_\_\_\_\_%
  - b. Subcontracted to others \_\_\_\_\_%

56. List the three most frequent tours and/or destinations made in the last year and it's percentage of your total revenue.

- 1. \_\_\_\_\_ %
- 2. \_\_\_\_\_ %
- 3. \_\_\_\_\_ %

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

**By signing this supplemental you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.**