



PUBLIC SUPPLEMENTAL

350 10th 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 _____ 1st 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