



# PUBLIC SUPPLEMENTAL

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## Social Service Transportation

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

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

#### GENERAL INFORMATION

1. Operation is:     for profit     not-for-profit     Governmental     Other
2. Is this a New Venture?     Yes     No    If no, please provide number of years in operation \_\_\_\_\_  
If yes, please provide specific details about your experience in this industry including prior employment and driving history: \_\_\_\_\_
3. Primary funding source: \_\_\_\_\_
4. Have you ever changed your operating name?     Yes     No  
If yes, please explain: \_\_\_\_\_
5. Have you filed for bankruptcy within the last 5 years?     Yes     No  
If yes, please explain: \_\_\_\_\_
6. Does applicant have professional coverage?     Yes     No  
If yes, please provide name of carrier & policy term: \_\_\_\_\_
7. Does applicant have General Liability Coverage?     Yes     No  
If yes, please provide name of carrier & policy term: \_\_\_\_\_
8. Is our policy to cover all vehicles owned, operated or under lease to the applicant?     Yes     No  
If no, explain: \_\_\_\_\_
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. Do you order & review MVR's prior to hiring?     Yes     No
12. Do drivers have the proper types of licenses for vehicles driven (i.e. buses, heavy trucks, etc.)?     Yes     No
13. Minimum required age for driver: \_\_\_\_\_    Maximum driver age: \_\_\_\_\_
14. Maximum number of violations per individual driver allowed within the last 3 years: \_\_\_\_\_
15. Maximum number of accidents per individual driver allowed within the last 3 years: \_\_\_\_\_
16. Is pre-employment drug testing required for all drivers?     Yes     No
17. Are all drivers/employee's covered by Worker's Compensation?     Yes     No
18. Is a Written Safety Program in place?     Yes     No
19. Are accident investigation & review procedures, including records, maintained?     Yes     No
20. Do the review procedures include driver disciplinary procedures?     Yes     No  
If yes, please explain: \_\_\_\_\_
21. 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: \_\_\_\_\_

22. Do employees use their own vehicles in your business?  Yes  No  
 If yes, explain: \_\_\_\_\_
23. Identify any types of special driver training programs that your drivers receive:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General driver orientation | <input type="checkbox"/> Defensive driving             | <input type="checkbox"/> Primary first aid             |
| <input type="checkbox"/> Advanced first aid         | <input type="checkbox"/> CPR                           | <input type="checkbox"/> Passenger assistance training |
| <input type="checkbox"/> Human relations skills     | <input type="checkbox"/> Nonmedical emergency training | <input type="checkbox"/> Emergency vehicle evacuation  |

### VEHICLE INFORMATION

24. Current total annual mileage: \_\_\_\_\_ Average annual miles per unit \_\_\_\_\_
25. Estimated annual mileage for upcoming year: \_\_\_\_\_
26. Is there a written vehicle maintenance program in place?  Yes  No
27. Are daily or pre-trip inspections made to the vehicles?  Yes  No
28. Do you service your own vehicles?  Yes  No If no, who does? \_\_\_\_\_
29. Are written maintenance history records kept for all units?  Yes  No
30. Does the insured have a formal procedure in place to retire older and/or high mileage units?  Yes  No  
 If yes, explain: \_\_\_\_\_
31. Do any vehicles have special equipment for handicapped or non-ambulatory clients?  Yes  No  
 If yes, please list which units: \_\_\_\_\_
32. Are all drivers trained on proper tie-down and secure procedures for wheelchairs and stretchers?  Yes  No
33. Are there procedures in place for loading and unloading of passengers?  Yes  No
34. Is a final check performed after unloading to be sure nobody is left inside the vacated vehicle?  Yes  No
35. Are all vehicles equipped with alarms, GPS or some other theft deterrent device?  Yes  No
36. Do all large capacity vehicles (> 8 passengers) have an audible backup warning device?  Yes  No
37. Do you lease, hire or borrow vehicles from others?  Yes  No  
 If yes, explain: \_\_\_\_\_
38. Do you lease, hire out or loan your vehicles to others?  Yes  No  
 If yes, explain: \_\_\_\_\_

### FILING INFORMATION

39. Are any State and/or Federal filings required?  Yes  No  
 State filings, list states and permit number: \_\_\_\_\_  
 Federal filings: MC # \_\_\_\_\_ Base registration state: \_\_\_\_\_
40. Do you allow others to operate under your authority?  Yes  No  
 If yes, please explain: \_\_\_\_\_
41. List exact name and address in which filings are issued \_\_\_\_\_
42. 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

43. Radius of operations: 0 – 100 miles \_\_\_\_\_% 101 – 500 miles \_\_\_\_\_% Over 501+ miles \_\_\_\_\_%
44. Are autos operated 24/7?  Yes  No
45. Do your employees or volunteers use their own vehicles in the course of your business?  Yes  No  
 If yes, do they use their own vehicles to transport clients?  Yes  No
46. Do you require employees or volunteers to carry & provide evidence of personal auto coverage?  Yes  No  
 If yes, what is the minimum liability limit required: \_\_\_\_\_

47. Do you transport participants to and from the facility or activities?  Yes  No

If yes, what is the frequency?  Daily  Weekly  Monthly  Other \_\_\_\_\_

Please list the type of activities for which you provide transportation (field trips, Dr. appts, etc.): \_\_\_\_\_

48. If you rent or hire vehicles, which of these types to you hire out? (Check all that apply)

Vans  Buses  Trucks  Other \_\_\_\_\_

What is the annual cost of hire? \_\_\_\_\_

49. If you rent vans, are any 15 passenger vans?  Yes  No

If yes, do drivers have prior experience driving 15 passenger vans?  Yes  No

50. Do you use any independent contractor's?  Yes  No

If yes, answer the following:

a. Are certificate of insurance required?  Yes  No

If yes, what is the minimum liability limit required? \_\_\_\_\_

b. What is the estimated cost of hire? \_\_\_\_\_

c. Is the Applicant named as additional insured?  Yes  No

d. Is there a Hold Harmless agreement in place?  Yes  No

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