



NATIONAL INTERSTATE

I N S U R A N C E

Member of Great American Insurance Group

3250 Interstate Drive Richfield, Ohio 44286
Tel.: (800) 929-1500; Fax: (330) 659-8907
www.natl.com

PASSENGER TRANSPORTATION APPLICATION

**This application forms a part of the insurance policy by endorsement.*

BROKER INFORMATION

Agency: _____ Date: _____
 Producer's Name: _____
 Phone: _____ Fax: _____ E-Mail Address: _____
 Are you the incumbent agency? Yes No If yes, how long has your agency written this applicant? _____

APPLICANT INFORMATION

Applicant's Name: _____ Federal ID #: _____
 Insured DBA: _____ NAICS #: _____
 Business Type: _____ Year Established: _____
 Mailing Address (Include Street, P.O. Box, City, ST, & Zip) _____
 Primary Garaging Location: _____
 (If different from mailing address); **Attach schedule of locations if more than one
 Phone: _____ Fax: _____ Company Website: _____
 Person Completing Survey (Name): _____ Title: _____

Key Management Personnel:

Applicant Contact: _____	e-mail: _____	Ph./Ext.: _____
President/CEO: _____	Yrs. in Position: _____	Ph./Ext.: _____
Operations Manager: _____	Yrs. in Position: _____	Ph./Ext.: _____
Safety Director: _____	Yrs. in Position: _____	Ph./Ext.: _____
Maintenance Director: _____	Yrs. in Position: _____	Ph./Ext.: _____

Subsidiaries/Affiliated Companies

Name: _____ Relationship: _____
 Type of Business: _____ Included in Insurance? Yes No

Historical Insurance Coverage	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Insurance Carrier / Broker					
Limits & Deductibles					
Auto Liability Premium					
Physical Damage Premium					

REQUESTED COVERAGES:

Effective Date: _____

Requested Quote Date: _____

AUTO COVERAGE	Limits Requested	Deductible
Auto Liability (Up to \$5M CSL) *		
Uninsured/Underinsured Motorist		
Medical Payments		
Personal Injury Protection (PIP)		
Property Protection Insurance (MI Only)		
Hired Auto Liability (Fleet Accounts Only)		
Non-Owned Auto Liability		
Excess Liability (For limits more than \$5M)		

Physical Damage Coverage (\$1M Per Occurrence Limit)	Deductible
Specified Perils	
Comprehensive	
Collision	

Total Stated Values: _____

* Mileage/Gross Receipts, SIR's, and captives also may be available dependent on risk characteristics.

EXCESS PHYSICAL DAMAGE COVERAGE *(Complete only if requested)*

Are you interested in Catastrophic Physical Damage Coverage? Yes No

Total Coverage Limit Desired: _____ *Please provide a list of locations and total garaged values at each

Building type: _____

Fire protection type: _____

If a lot, is lot lighted? Yes No Is there a night guard? Yes No

Are any fuel tanks located on premises? Yes No

Total value of vehicles garaged outside: _____ Total value of vehicles garaged inside: _____

GENERAL LIABILITY *(Complete only if requested);* Fill-in limits requested below

Each Occurrence: _____

General Aggregate: _____

Personal & Advertising Injury: _____

Location Address (list each)	Class	Exposure (sq. ft., sales, payroll, etc.)	Owned/Rented?	Fenced?	Night Watch?

Are any of the above locations the primary residence of the insured? Yes No

Do you allow parking by those other than employees or customers? Yes No

Do operations involve storing, treating, discharging, applying, disposing of, or transporting of hazardous material (landfills, fuel tanks, waste)? Yes No

Do you collect a fee for parking at any of the above locations? Yes No

Do you provide any CDL training to the general public? Yes No

Do you provide training on non-discriminatory practices? Yes No

Do you offer or sell any type of alcohol on the units? Yes No

Does your business offer tour transportation Yes No

If Yes, please describe the tour activities offered: _____

List any non-transportation operations at this location: _____

If you answered "yes" to any of the questions to the left, please provide an explanation below.

GARAGE COVERAGES *(Complete only if requested)*

Garage Liability Limit Desired (CSL) _____

Garagekeepers Legal Liability (per location) _____ # of Locations covered: _____

Deductibles Desired: Specified Perils/Comp. _____ /Vehicle _____ / Occurrence
 Collision _____ /Vehicle _____

What is the percentage of revenue generated from work performed on non-owned vehicles? _____

Total number of service employees: _____ Number of work bays: _____

What type of work is performed? _____

Is service performed on vehicles not owned or operated by you? Yes No

What is the annual revenue generated from garage operations? _____

FILING INFORMATION

Does applicant require a MC Docket filing? Yes No MC Docket #: _____

Does applicant allow others to operate under their authority? Yes No USDOT #: _____

Has the applicant previously allowed others to operate under their authority? Yes No PUC #: _____

Does applicant require intra-state filings? Yes No Other state filing #: _____

If yes, please list states _____

Please list states where applicant has operating authority: _____

Please specify any Canadian Filings: _____

List name and address exactly as listed on filing: _____

VEHICLES

Projections & Historical Figures	Projected	Current	1st Prior	2nd Prior	3rd Prior	4th Prior
Gross Revenues						
Total Fleet Mileage						
Charter Bus (> 29 passengers)						
Charter Mini (16-29 passengers)						
Charter Van (< 16 passengers)						
School Bus						
School Van						
Transit Bus (> 20 passengers)						
Small Transit (<= 20 passengers)						
Sedan / SUV (non-stretched)						
Stretch Limo						
Stretch SUV						
Super stretch SUV (>200" stretch)						
Limo Bus						
Private Passenger/Service						
Total units:						

What percentage of the fleet are wheelchair equipped? _____

Do you hire from others for your use? Yes No If yes, Annual Cost of Hire: _____

Do you hire from others with a driver? Yes No If yes, Annual Cost of Hire: _____

Do you lease to others for their use? Yes No If yes, Annual Income Derived: _____

Do you lease to others without a driver? Yes No If yes, Annual Income Derived: _____

Is there assumed liability by contract/agreement? Yes No

Do you have any units classified as an autonomous vehicle? Yes No If yes, how many autonomous units? _____

If yes, what level of autonomy are the units classified as (0-5)? _____

Levels of Autonomy:
 Level 0: No driving assistance
 Level 1: Driver Assistance
 Level 2: Partial driving automation
 Level 3: Conditional driving automation
 Level 4: High driving automation
 Level 5: Full driving automation

OPERATIONS

TOTAL PERCENTAGES MUST EQUAL 100%!

USE AS % OF TOTAL MILEAGE

TOTAL:

Charter Bus	Fixed Route Transit	Airport Service
Inter-city Scheduled Service	Demand Response	Special Occasion Limo
Other Scheduled Service	Paratransit	Corporate Sedan
Local Sightseeing or Courtesy Bus	Non-emergency, Medical	Black/Silver Car
Before and After School Routes	Employee Shuttle	Metered Taxi
School Activity Transportation	Employment Service	Non-metered Taxi
Non-School Charter (School type bus only)	Van Pool	
Head Start / Day Care Transportation	Social Service	

List airports served and % of trips to each:

Provide a brief description of your operation:

DESTINATIONS (Must equal 100%)

TOTAL:

Charter: List all destinations as a % of total trips; Limo and transit: List areas served and percent of trips; School: List school districts served.

City, State	%	City, State	%	City, State	%
Example: Richfield, OH	30%				

What was the farthest destination traveled to in the past 12 months: _____

List any destination in Mexico planned for the upcoming 12 months: _____

RISK SPECIFICS

Hours of Service: _____ Days of Service: _____
 Radius of Operation: 0-50 Miles: _____ 51-200 Miles: _____ 200+ Miles: _____

Please indicate the extent to which you transport the following as a percentage of total mileage:

Wheelchair Passengers: _____ Other Disabled Passengers: _____
 Professional Athletes: _____ Entertainment Groups: _____

If doing Demand Response, Airport, or Limo work, please also indicate the following as a percentage of total mileage:

On call/dispatch _____ VS. Scheduled Service _____
 Door to Door _____ VS. Curb to Curb _____

DRIVER INFORMATION (Please attach Driver Schedule with Dates of Birth, and Dates of Hire)

Total # of Drivers: _____ # over 65 y.o.: _____ # under 25 y.o.: _____ # of Independent Contractors: _____
 In the past year, how many drivers were: Hired: _____ Terminated: _____
 How often are current MVRs pulled? _____

The drivers are:	Paid Hourly	Paid by Mileage
	Union	Non Union

Driver Hiring Criteria: (Check all that apply)	
Written Application	Full Medical
Road Test	Drug Testing
Written Test	Current MVR
Reference Checks	
Min. Age: _____	Max. Age: _____
Orientation Safety Training (check all that apply):	
Injury Prevention	Crash Prevention

Check Yes or No to the following questions:		
Do you agree to report all drivers to NIIC?	Yes	No
Are any family members under 21 primary drivers of a company auto?	Yes	No
Are all drivers properly licensed and DOT Compliant?	Yes	No
Have all drivers been driving a similar vehicle for 2+ years?	Yes	No
Do all drivers have at least 5 years U.S. driving experience?	Yes	No
Is disciplinary plan documented for all drivers?	Yes	No
If you are a school bus company, answer the following:		
Are guest passengers (family members, friends of driver, etc.) authorized passengers on your buses?	Yes*	No
Do you allow coaches or teachers to drive your vehicles?	Yes*	No
* If yes, please attach an explanation.		

MAINTENANCE & SAFETY

Do you have the following (Check all that apply):		Accident Event Recorders (AER's) *
Written maintenance program	Written safety program	# of units equipped with AER's _____
Written driver-training program	Written accident reporting procedures	Which AER system is used? _____

Your vehicle maintenance program includes (Check all that apply):		
A service record for each vehicle	Controlled and frequent inspections	Vehicle daily condition reports

Check Yes or No to the following questions:				Other Maintenance Questions:	
Is your maintenance program managed by your company? *	Yes	No	How many certified mechanics do you employ?	_____	
Do you provide complete maintenance on all vehicles? *	Yes	No	How often do you hold safety meetings?	_____	
Will the following be available for our review? *	Driver Files	Yes	No	Who is in charge of claims?	_____
	Accident Files	Yes	No	Continuous Training/Safety Programs (Check all that apply):	
Will all claims be reported directly to NIIC? *		Yes	No	Recurrent Safety Training	Drug & Alcohol Testing Program
Does road supervision include:	Recording Devices	Yes	No	Defensive Driver Training	Remedial Safety Training Program
	Radio Dispatch	Yes	No	Safety Incentive Program Drug & Alcohol	Fatigue Management Program

* Please explain "No" answers above:

Describe company safety programs:

Describe any safety award/incentive programs:

Describe how and when drivers are evaluated:

Describe Driver Disciplinary plan:

How is FMCSR compliance monitored:

Do you currently utilize AERs (Automated Event Recorders)? Yes No Name of AER Vendor (if applicable): _____ % of fleet equipped? _____
 Do you utilize a Telematics Service Provider (TSP)? Yes No Name of TSP Vendor (if applicable): _____ % of fleet equipped? _____
 Is there a formal process to consistently monitor and coach drivers? Yes No

Explain how in-vehicle technology is used to modify driver behavior? _____

MANDATORY UNDERWRITING QUESTIONS

During the past 4 years, has your insurance ever been obtained through an Assigned Risk Plan? Yes No
 If Yes, Please Explain: _____
 Has any company provided notice of cancellation/non-renewal or otherwise canceled/refused to renew your insurance, including during the current term? (If yes, please attach a copy of the cancellation/non-renewal notice.) Yes No
 If Yes, Please Explain: _____
 Do you provide Worker's Compensation for all employees? Yes No
 If Yes, provide Worker's Comp.carrier: _____
 If No, Provide Explanation: _____
 Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party? Yes No
 If Yes, Please Explain: _____
 Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend? Yes No
 If Yes, Please Explain: _____
 Is all equipment operated under the applicant's authority scheduled on the applicant's driver and vehicle schedule? Yes No
 If No, Please Explain: _____

Applicant and Producer: Please sign and date the Applicant's Statement Below.

APPLICANT'S STATEMENT			
I hereby declare that the statements made in this application and the contents of the other documents supplied are true and correct and agree that any policy of insurance that may be issued now or in the future will be based on warranties and representations contained therein.			
APPLICANT	PRODUCER		
Signature of Officer/Manager of Named Insured	Date	Signature	Date
Print Full Name	Title	Print Full Name	Agency

IN ADDITION TO THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- * Currently valued (within last 3 months), company issued loss runs for the current policy year and 4 prior years.
- * Current Vehicle list, including year, make, complete VIN, stretch length (limo), use, garage location, seating capacity, vehicle type, stated amount and deductible requested.
- * Current Drivers list and motor vehicle records for ALL drivers. Include dates of birth, dates of hire, years experience and license numbers.
- * Current DOT medical for all drivers age 65 or older and any driver with less than 2 year medical clearance.
- * Pictures (inside and outside) and DOT inspections for charter units which are 15 years or older and limousines 7 years or older.
- * Fuel tax reports (IFTA's) for the last eight quarters for all charter operations.
- * Current financials: Income statement and balance sheet
- * Expiring declaration pages for all coverages.
- * Copy of cancellation or non-renewal notice issued in the current or 4 prior years.
- * Completed New Venture Supplemental if the operation has been in business for less than 2 years.
- * Completed Supplemental Wheelchair Application if more than 10% of the fleet is equipped to accommodate wheelchairs.
- * Leased units: If insured leases units to others, a sample lease agreement must be submitted along with a list of lessees and the respective number of units each is leasing.
- * If Independent contractors are used as drivers, please provide detail, including sample contract and lease agreements.