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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:

- **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.
- **Loss Runs:** Insurance company-produced loss runs with claim detail for the current and most recent four years. Loss runs are to be valued within the past 90 days.
- **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.
- **Drivers List:** List of all drivers including name, license number, date of birth and date of hire.
- **Mileage:** If the applicant operates interstate provide fuel tax reports for the most recent eight quarters.
- **MVR's:** If the fleet consists of less than ten vehicles provide current motor vehicle record for each driver.

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
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3. PRINCIPAL GARAGING ADDRESS: _____

Street address	City	County	State	Zip
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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:

	Year Business Established	Description of Operations
A. _____		
B. _____		
C. _____		

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 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? _____ 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? _____
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? _____
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	Number of Units	Mileage	Gross Receipts
12 Months Projected:	_____	_____	_____	_____
Current Policy Year:	_____	_____	_____	_____
1st Prior Policy Year:	_____	_____	_____	_____
2 nd Prior Policy Year:	_____	_____	_____	_____
3 rd Prior Policy Year:	_____	_____	_____	_____

5. For each of the following categories indicate your average proposed number of units by class (totals should match the data in #4).

Vehicle Category:	Buses	Vans	Pvt Pass	Service
School	_____	_____	_____	_____
Airport	_____	_____	_____	_____
Sightseeing	_____	_____	_____	_____
Regular route intercity	_____	_____	_____	_____
Charter	_____	_____	_____	_____
Urban Transit	_____	_____	_____	_____
Limousines	_____	NA	_____	_____
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	State	% of Trips	City or Attraction	State	% of Trips
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

7. **School Contractors:** List the names of 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: a.) from others? _____ b.) to others? _____
 If "yes," 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 four (4) policy periods. **Please provide details on any loss occurrences that exceed \$50,000 or involve a fatality or serious injury on a separate sheet.**

2. Provide the following information for the current and past three (3) policy periods:

	Current Policy Period	Prior Three Policy Periods		
	20____	20____	20____	20____
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? Yes No
- B. Reference checks? Yes No
- C. Written test? Yes No
- D. Road test? Yes No
- F. Do you obtain driver MVR records? Yes No
- G. Do you MVR records periodically during employment? Yes No
- H. Drug testing prior to hiring? Yes No
- E. Physical exam? Yes No
- (1) Pre-employment? Yes No
- (2) Federal DOT requirements? Yes No
- (3) State DOT requirements? Yes No
- Pre-employment Post-employment
- During employment? Yes No

3. Does driver indoctrination include:

- A. Company rules and policies? Yes No
- B. Daily DOT vehicle inspection procedures? Yes No
- C. Equipment familiarization? Yes No
- E. Emergency procedures? Yes No
- D. Route familiarization? Yes No
- F. Accident reporting procedures? Yes No

4. Does road supervision include:

- A. Mechanical recording devices? Yes No
- B. Radio dispatch? Yes No

5. Are accident investigation and review procedures, including records, maintained? _____ Do the review procedures include disciplinary procedures? _____ 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 provide Worker's Compensation insurance for ALL drivers? Yes No

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
4. If you service vehicles of others what is the annual gross revenue? \$ _____
5. Does vehicle maintenance program include:
- A. A service record of each vehicle (attach copy)? Yes No
- B. Controlled inspection frequency? Yes No
- C. Vehicle daily condition reports (attach copy)? Yes No
- D. The above for leased vehicles? Yes No

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 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 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)

Premises:

	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	Limits and Deductibles	
	Limits	Deductible
Commercial Auto Liability		
Hired Auto Liability		
Non-Owned Auto Liability		
Uninsured Motorists		
Underinsured Motorists		
Supplemental Uninsured Motorists (NY)		
Optional Basic Reparations 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	
AL			GA			MA			NM			SD			Canada Filings
AK			ID			MI			NY			TN			Alberta
AZ			IL			MN			NC			TX			British Columbia
AR			IN			MS			ND			UT			Manitoba
CA			IA			MO			OH			VT			New Brunswick
CO			KS			MT			OK			VA			Newfoundland
CT			KY			NE			OR			WA			Northwest Territory
DE			LA			NV			PA			WV			Nova Scotia
DC			ME			NJ			RI			WI			Ontario
FL			MD			NH			SC			WY			Prince Edward Island

- Please specify your home state for Single State Registration: _____

COVERAGE NOT AVAILABLE FOR MEXICO-BASED OPERATIONS.

PRODUCER INFORMATION

Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

THE COMPLETION OF THIS APPLICATION CREATES NO EXPRESS OR IMPLIED OBLIGATION ON THE PART OF RLI TRANSPORTATION TO OFFER A QUOTATION OR PROVIDE INSURANCE AS REQUESTED IN THIS APPLICATION AND SURVEY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Producer's Signature

Senior Officer of Applicant

Title

Title

Date

Date



(Addendum to RLI Public 06/2004 - to be completed if 10% or more of fleet is wheelchair equipped)

1. EQUIPMENT FOR LOADING / UNLOADING

- a. Number of vehicles equipped with:
Lifts: Buses _____ Vans _____ Manufacturer _____
Ramps: Buses _____ Vans _____
Manufacturer _____
- b. Were all lifts / ramps factory-installed during vehicle's manufacture? _____
- c. If no, provide the following information regarding equipment installation company
Name _____
Contact person and phone number _____
Number of units and month / year of installation _____
- d. Do all lifts / ramps comply with ADA accessibility requirements, including but not limited to dimensions, door height, clearance, edge barrier, weight support, handrails for lifts and slope for ramps? _____

2. PASSENGER RESTRAINT SYSTEM

- a. Number of vehicles equipped with system: Buses _____ Vans _____
- b. Manufacturer _____
- c. Who installed the system? _____
- d. Is the system a "4 point tie-down and forward-facing" design? _____
- e. If yes, are shoulder belts retractable or non-retractable? _____
- f. Is floor securement of wheels accomplished with fixed locations or movable attachments / tracks?

- g. Do securement areas comply with ADA accessibility requirements, including but not limited to clear floor space, movement when mobility device is secured clearance from entrance to securement area, at least one forward-facing area? _____

3. Types of wheel chairs that your vehicles accommodate (Check all that apply):

- | | |
|------------------------------|------------------------------|
| _____ Heavy duty industrial | _____ Reclining / Tilting |
| _____ Lightweight | _____ Motorized |
| _____ Portable | _____ Tri-Wheeler / Scooter |
| _____ Youth / Child Stroller | _____ Other (describe) _____ |

4. Are all passengers in tri-wheelers required to transfer to a wheelchair or permanent seat after they board? _____

Are wheel chair passengers ever permitted to ride in the vehicle in other than the designated securement locations? _____