



Mt. Hawley – E&S Passenger Transportation Application Checklist

Producer Company: _____ **Producer Website:** _____

Producer Address: _____

Producer Name: _____ **Producer Email:** _____

Phone: _____ **800:** _____ **Fax:** _____

Are you the incumbent? Yes No N/A

If yes, for how long? _____

Applicant's Expiration Date: _____ **Proposed Effective Date:** _____ **Quote Date Required:** _____

To underwrite this application, the following materials must be provided and attached to this application:

- **Account Narrative, Strategy, and Market Position:** Summarize the risk details, the submission strategy, and market position.
- **Financial Statements:** Balance sheets and income statements on an accrual basis for the last 2 fiscal year ends and a current interim statement are required. Audited or 3rd party reviewed statements are required. Parent company financials, if applicable, should be provided.
- **Loss Runs:** Provide documented loss experience, valued within the past 60 days from proposed inception, for all lines of coverage requested for the current and 4 prior years (5 total years). Provide full claim details (circumstance, extent of injury/damage, etc.) on open losses and losses of \$50K+ incurred.
- **Expiring Rates and Target Premium:** Provide expiring policy rates by line of coverage and target premium.
- **IFTAs (if applicable):** Provide fuel tax reports, indicating mileage by state and total mileage for all states for the previous 8 calendar quarters. If not all mileage is captured by IFTAs, then internal mileage reports are required.
- **Equipment Schedule:** Attach equipment schedule in excel format including make, model, year, VIN, GVW, license and registration state, and description of use. Notate if the unit is an owner operator.
- **Drivers List:** Attach listing of all drivers operating equipment to be covered by this proposed insurance: company drivers, owner/operators, drivers of service and private passenger units. List should include full name of driver, date of birth, state of license issued, driver's license number, years of commercial driving experience, and date of hire.
- **MVRs:** Comprehensive and current MVRs are required and should be valued no more than 60 days from proposed inception.
- **Agreements:** Provide copies of all applicable agreements used by applicant, including permanent lease, trip lease, hold-harmless, interline, interchange, intermodal, and sub-hauler agreements.
- **Loss Control, Safety, and Compliance Materials:** Provide a summary of all programs and processes in place and attach copies of all policies and programs including but not limited to: driver hiring and MVR guidelines, new driver training, continuous training – defensive and distracted driver training, fatigue driver management, maintenance policy, etc.

E&S PASSENGER TRANSPORTATION APPLICATION

Named Insured: _____
(As it appears on all regulatory filings)

Mailing Address: _____

Principal Garage Address: _____

Main Phone: _____ Direct Phone: _____ Cell Phone: _____

Applicant's Website: _____

Safety Survey Contact Name: _____ Phone: _____

Key Contact Person: _____ Title: _____

Key Contact Email: _____ Phone: _____

Named Insured: Corporation Partnership Sole Proprietor

Federal Employee ID #: _____

DOT #: _____ MC #: _____

Number of years in operations: _____ Number of years under current management: _____

Insured's Locations (Address)	Location Type	# Units Assigned	Max Value at Location	Controlled Entrance	24 Hr. Guard	Fenced & Lighted	3 rd Party Exposure	Non-Truck Operations
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of all entities to be insured, year established and description of each:

Entity and DOT# (if applicable)	Year Business Established	Description of Operations

Provide the following information for all officers, directors, partners and stockholders of the Named Insured:

Name	Position/Functions	Full-time/Part-time	# of Years	Years of Transit Experience	% of Ownership

Provide the names of any public transportation entities not covered under this application in which the Named Insured or any of its officers have any business relationship, including but not limited to direct or indirect ownership interest; common/shared management, address, phone numbers, employees or advertising; or use of another's vehicles and drivers in connection with the Named Insured's business:

Operations Information:

1. Please describe your operations (attach additional operational descriptions as necessary): _____

2. 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? Yes No N/A
 If yes, explain in detail here or on a separate sheet: _____

3. Do you operate trips into Mexico with your vehicles? Yes No N/A
4. Do you operate trips or tours that begin in the U.S. and end in Mexico but are contracted to others at the U.S.–Mexico border? Yes No N/A
5. Do your vehicles ever transport any commodities, other than passenger baggage or mail? Yes No N/A
 If yes, describe types of commodities and include copies of bills of lading issued or copies of contracts.

6. Do your vehicles ever transport professional athletic or entertainment groups? Yes No N/A
 If yes, please list team(s) and number of annual trips: _____

7. List below your average number of revenue-producing units, mileage and gross receipts for the proposed, current and three previous policy periods.

	Year	# of Units	Mileage	Gross Receipts
Next 12 Month (Projected)				
Current Year (Estimated)				
1 st Prior Year (Audited)				
2 nd Prior Year (Audited)				
3 rd Prior Year (Audited)				
4 th Prior Year (Audited)				

8. For each of the following categories indicate your average proposed number of units by class (totals should match the data in #7 above):

Vehicle Category	Buses	Vans	Private Pass	Service
School				
Airport				
Sightseeing				
Regular Route Intercity				
Charter				
Urban Transit				
Limousines		NA		
Wheelchair-Accessible Vehicles			*Must complete supplemental	
Other Vehicle (Describe): _____				

9. List your ten most frequent destinations:

City or Attraction	State	% of Trips	City or Attraction	State	% of Trips

10. List the destinations of the 5 longest trips made in the past 12 months:

11. **School Contractors:** List the names of the schools or school districts and their locations with which you have contracts:

12. Indicate percent of disabled/handicapped ridership: _____%

13. Demand Response Transit (Please indicate % of total trips):

- a. On Call: _____% vs Schedule: _____%
- b. Door to Door: _____% vs Curb to Curb: _____%

14. Do you utilize owner-operators in your business? _____ Yes No N/A

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 N/A

c. Is personal use of vehicles permitted? _____ Yes No N/A

If yes, are owner-operators required to provide proof of insurance for personal use of their vehicle? _____ Yes No N/A

15. Do you ever lease, borrow or use non-owned vehicles, with or without drivers, from others in connection with your business? _____ Yes No N/A

If yes, please explain on separate page and indicate annual cost of hire: \$ _____

16. Do you ever lease vehicles without drivers to others? _____ Yes No N/A

17. Does the applicant have accident event recorders (AER's) in any vehicles? _____ Yes No N/A

If yes, please provide the following:

- a. # of units with AER's: _____
- b. Which AER system is used? _____

18. Does the applicant have GPS tracking capability? _____ Yes No N/A

If yes, # of units equipped with GPS: _____

Prior Loss Experience and Coverage Information:

- 1. Attach currently valued loss runs from your insurance carriers for the past 5 policy periods. **Please provide details on any open loss and losses 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 4 policy periods.

Auto Liability

Effective Date	Valuation Date	Carrier	# of Losses	Total Incurred

Physical Damage

Effective Date	Valuation Date	Carrier	# of Losses	Total Incurred

3. Has your insurance ever been obtained through an Assigned Risk Plan? Yes No N/A
 If yes, please explain: _____
-
4. Has any company, during the past three years, cancelled or refused to renew your automobile insurance coverage? Yes No N/A
 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 application? Yes No N/A
 - b. Reference checks? Yes No N/A
 - c. Written test? Yes No N/A
 - d. Road test? Yes No N/A
 - e. Physical exam? Yes No N/A
 - i. Pre-employment? Yes No N/A
 - ii. Federal DOT requirements? Yes No N/A
 - iii. State DOT requirements? Yes No N/A
 - f. Do you obtain driver MVR records? Yes No N/A
 If yes, Pre-employment Post-employment
 - g. Do you MVR records periodically during employment? Yes No N/A
 - h. Drug testing prior to hiring? Yes No N/A
 If yes, during employment? Yes No N/A
3. Does driver indoctrination include:
- a. Company rules and policies? Yes No N/A
 - b. Daily DOT vehicle inspection procedures? Yes No N/A
 - c. Equipment familiarization? Yes No N/A
 - d. Route familiarization? Yes No N/A
 - e. Emergency procedures? Yes No N/A
 - f. Accident reporting procedure? Yes No N/A
4. Does road supervision include:
- g. Mechanical recording devices? Yes No N/A
 - h. Radio dispatch? Yes No N/A
5. Are accident investigation and review procedures, including records, maintained? Yes No N/A
6. Do the review procedures include disciplinary procedures? Yes No N/A
 If yes, please explain: _____
-
7. Does the applicant or any of its drivers utilize Transportation Network Company Mobile Applications such as but not limited to Uber, Uber-X or Lyft? Yes No N/A
8. Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made.

Safety Technology:

Platform	% of Fleet	Date Installed	Person in Charge
Telematics			
Accident Event Recorder (self-managed)			
Accident Event Recorder (3 rd party)			
Electronic Logging Device			
Collision Avoidance			
In Vehicle Camera			
Anti-rollover Device			
Other (Describe): _____			
Other (Describe): _____			

Describe how the data and information is incorporated into driver training and disciplinary program: _____

Driver Information

- Attach schedule of drivers including date of birth, date of hire, and number of years of experience.
- Current total number of drivers: _____
- During the last 12 months, how many drivers have you:
 - Replaced? _____
 - Added? _____
- Driver's pay is calculated by: Trip Mileage Hourly Other (explain): _____

- Drivers are: Union Non-Union
- Driver's maximum hours:
 - Driving: _____ daily, _____ weekly
 - On duty _____ daily, _____ weekly
- Do you provide Worker's Compensation insurance for ALL drivers? Yes No N/A

Maintenance:

- Do you have a written maintenance program? Yes No N/A
 If yes, please attach a copy.
- Do you service your own vehicles? Yes No N/A
 If no, who does? _____
- How many mechanics do you employ? _____
- Do you service vehicles of others? Yes No N/A
- If you service vehicles of others what is the annual gross revenue? \$ _____
- Does vehicle maintenance program include the following:
 - A service record of each vehicle (attach copy)? Yes No N/A
 - Controlled inspection frequency? Yes No N/A
 - Vehicle daily condition reports (attach copy)? Yes No N/A
 - The above for leased vehicles? Yes No N/A
 - How often are these various reports reviewed by management? _____

Equipment Information:

- Attach complete schedule of equipment including year, make, model and current stated amounts if Physical Damage coverage desired.
- If the applicant's fleet includes limousines are any of the vehicles stretched? Yes No N/A
 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 N/A
If yes, explain: _____

5. Schedule of all locations (attach separate sheet if necessary):

	Location 1	Location 2	Location 3
Complete street address required			
Type of Operation (office, terminal, garage, etc.)			
# Units Stored Inside & Maximum Values			
# Units Stored Outside & Maximum Values			
Is Lot Fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____%

Filings:

1. Is a federal filing needed? Yes No N/A

2. List the states or Canadian provinces where applicant has filings: _____

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

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 material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.