



**PUBLIC AUTO SUPPLEMENTAL APPLICATION**  
 (Complete in addition to the Commercial Automobile Application)

1. **Applicant's Name:** \_\_\_\_\_

2. **Provide website address if applicable:** \_\_\_\_\_

3. **Description of operations (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airport Bus..... ___%            | <input type="checkbox"/> Gambling/Casino<br>Transportation ..... ___%     | <input type="checkbox"/> Prisoner Transportation... ___%              |
| <input type="checkbox"/> Airport Limo ..... ___%          | <input type="checkbox"/> Hotel/Motel Courtesy Bus ___%                    | <input type="checkbox"/> Railroad Worker<br>Transportation ..... ___% |
| <input type="checkbox"/> Airport Shuttles ..... ___%      | <input type="checkbox"/> Inter City Bus..... ___%                         | <input type="checkbox"/> School Bus..... ___%                         |
| <input type="checkbox"/> Amateur Sport Team..... ___%     | <input type="checkbox"/> Kiddie Cab..... ___%                             | <input type="checkbox"/> Sightseeing Bus ..... ___%                   |
| <input type="checkbox"/> Ambulance ..... ___%             | <input type="checkbox"/> Limousine..... ___%                              | <input type="checkbox"/> Taxi ..... ___%                              |
| <input type="checkbox"/> Athletes & Entertainers ... ___% | <input type="checkbox"/> Luxury Sedan—<br>Corporate ..... ___%            | <input type="checkbox"/> Transportation..... ___%                     |
| <input type="checkbox"/> Car Service..... ___%            | <input type="checkbox"/> Paratransit..... ___%                            | <input type="checkbox"/> Trolley Bus ..... ___%                       |
| <input type="checkbox"/> Charter Bus ..... ___%           | <input type="checkbox"/> Party Bus..... ___%                              | <input type="checkbox"/> Urban Bus ..... ___%                         |
| <input type="checkbox"/> Church Bus..... ___%             | <input type="checkbox"/> Physically Impaired<br>Transportation ..... ___% | <input type="checkbox"/> Van Pools..... ___%                          |
| <input type="checkbox"/> Courtesy Bus..... ___%           |   |   |
| <input type="checkbox"/> Day Care..... ___%               |   |   |
| <input type="checkbox"/> Employee Transportation ___%     |   |   |
| <input type="checkbox"/> Other—Describe: _____            |   |   |

4. **Have there been any changes in operations in the past five years or are there any expected in the coming year, including plans for growth, expansion or changes in routes?** .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

5. **Percentage of trips scheduled twenty-four (24) hours or more in advance:**..... \_\_\_%

6. **Operation is:** .....  Profit or  Not-For-Profit  
 Name of non-profit organization: \_\_\_\_\_

7. **Are any trips arranged through a Transportation Network Company (ridesharing) such as Uber, Lyft, Sidecar, etc?**.....  Yes  No  
 If yes, provide name of company and percentage of total trips: \_\_\_\_\_

8. **Do you have any contracts of signed agreements in place to provide transportation service for a specific company?** .....  Yes  No  
 If yes, provide name of company and copy of contract: \_\_\_\_\_

9. **Is there a personal use of the autos?** .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

10. Are drivers allowed to take vehicles home when not in use? .....  Yes  No  
If yes, what is your policy on personal use of vehicles? \_\_\_\_\_
11. What are the hours of operation? \_\_\_\_\_
12. What are the maximum hours per day of operation? \_\_\_\_\_
13. Is the operation seasonal? .....  Yes  No  
If yes, please describe: \_\_\_\_\_
14. Does the auto and driver remain in attendance at the beginning and the end of the function?.....  Yes  No
15. Do you transport passengers with special needs or where special security or handling is needed? .....  Yes  No  
If yes, describe: \_\_\_\_\_
16. Do you pick-up and drop off children at their homes? .....  Yes  No
17. Do drivers ever assist passengers to or from inside their homes? .....  Yes  No
18. Is the use of safety restraints required for all passengers? .....  Yes  No
19. Is alcohol available in your vehicle? .....  Yes  No  
If yes, is it provided by the insured? .....  Yes  No
20. Are autos used to transport professional athletes or entertainers? .....  Yes  No  
If yes, list organization or name: \_\_\_\_\_
21. Are vehicles used to transport any railroad workers? .....  Yes  No
22. Is the applicant required to register with the federal government in accordance with the Migrant and Seasonal Agricultural Worker Protection Act (29 USCA Section 1801)? .....  Yes  No

**EQUIPMENT**

1. Are all vehicles owned by and registered by the named insured? .....  Yes  No  
If no, advise relationship of autos' ownership to the applicant: \_\_\_\_\_  
Are they leased, etc.? .....  Yes  No  
Give details: \_\_\_\_\_
2. Are all registered/owned vehicles scheduled on the insured's policy? .....  Yes  No  
If no, are any registered as spares? .....  Yes  No  
Please explain: \_\_\_\_\_
3. Does the insured allow any vehicles that are not owned and titled to them to operate under their authority? .....  Yes  No  
If yes, please describe: \_\_\_\_\_
4. Are vehicles ever leased to drivers? .....  Yes  No  
If yes, describe circumstances: \_\_\_\_\_
5. Indicate number of vehicles that are metered: \_\_\_\_\_
6. What percentage are medallioned taxis? ..... %  
Which airport do they service? \_\_\_\_\_

7. **Percentage of vehicles registered as:** Taxis: \_\_\_\_% Limousines: \_\_\_\_%  
 Other: \_\_\_\_%, please describe: \_\_\_\_\_
8. **Where are the vehicles kept when not in use?** \_\_\_\_\_  
 Describe the type of location and its security: \_\_\_\_\_
9. **Where are the keys for vehicles stored when not in use?** \_\_\_\_\_
10. **Do any vehicles provide open-air seating, rumble seats, convertible tops, hot tubs or safety poles?**.....  Yes  No  
 If yes, please describe: \_\_\_\_\_
11. **How many vehicles are equipped with wheelchair/scooter lifts or use wheelchair ramps?** \_\_\_\_\_  
 Describe wheelchair/scooter tie-down procedures: \_\_\_\_\_  
 Number of vehicles with:  
 Three point tie-down: \_\_\_\_\_ Four point tie-down: \_\_\_\_\_
12. **Are all vehicles equipped with both lap belts and shoulder harnesses for the passengers?**.....  Yes  No
13. **Do any vehicles have post manufacturer modifications?** .....  Yes  No  
 If a limousine, indicate length of stretch and name of coachbuilder: \_\_\_\_\_
14. **Are autos equipped with flashing lights and automatic stop signs?**.....  Yes  No  
 If school buses, are they operated by public entity or independently contracted? \_\_\_\_\_

**DRIVERS**

1. **Criteria for hiring drivers:** Minimum Age: \_\_\_\_\_ Years of Public Transport Experience: \_\_\_\_\_  
 Describe MVR standards: \_\_\_\_\_
2. **Are employees and drivers' histories screened for sexual abuse charges and convictions?**.....  Yes  No
3. **Mark the boxes that apply to the special driver training programs available for your drivers:**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Driver Orientation | <input type="checkbox"/> Primary First Aid             | <input type="checkbox"/> CPR                            |
| <input type="checkbox"/> Human Relations Skills     | <input type="checkbox"/> Emergency Vehicle Evacuation  | <input type="checkbox"/> Defensive Driving              |
| <input type="checkbox"/> Advanced First Aid         | <input type="checkbox"/> Passenger Assistance Training | <input type="checkbox"/> Non-Medical Emergency Training |
| <input type="checkbox"/> Other—Describe: _____      |  |   |
4. **Are volunteer drivers used?**.....  Yes  No  
 If yes, please provide details: \_\_\_\_\_
5. **Are there any household drivers under the age of twenty-one (21)?**.....  Yes  No

**CLASS SPECIFIC QUESTIONS**

1. **Taxis and car service:** are there any drivers other than the named insured and/or spouse? .....  Yes  No
2. **Taxis, car service and airport taxi/limo:**  
 Are all trips dispatched by the named insured and/or spouse? .....  Yes  No  
 If no, please provide name of dispatcher: \_\_\_\_\_  
 Do drivers wear formal chauffeur attire?.....  Yes  No

3. **Charter or sightseeing buses:** list the four most frequent trips made in the past year:

Starting Point	Final Destination	Number of Miles

Indicate mileage of your longest trip from starting point to final destination: \_\_\_\_\_

4. **Van pool, provide a copy of the contract.**

Are drivers employees of the van pool?.....  Yes  No

If yes, list company name: \_\_\_\_\_

**Refer to the application form for State Fraud Warnings.**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.