

**PUBLIC TRANSPORTATION FLEET CHECKLIST**

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

**Requested Quote Date:** \_\_\_\_\_ **Proposed Effective 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 three 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:** Required.

**I 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
3. PRINCIPAL GARAGING ADDRESS: \_\_\_\_\_  
Street address City County State Zip
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:

Entity	Year Business Established	Description of Operations
_____	_____	_____
_____	_____	_____
_____	_____	_____

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;

## II 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?    Yes  No

If "yes," explain in detail here or on a separate sheet.
2. Do your vehicles ever transport any commodities, other than passenger baggage?    Yes  No

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?    Yes  No

If "yes," please explain
4. Are all vehicles titled registered to the named insured?    Yes  No

If not, who?
5. Any work for a transportation network company such as UBER/Lyft/Sidecar    Yes  No

	Year	Revenue Units	Gross Receipts	Mileage	Rate Per unit
12 Months Projected:	_____	_____	_____	_____	_____
Current Policy Year:	_____	_____	_____	_____	_____
1 <sup>st</sup> Prior Policy Year:	_____	_____	_____	_____	_____
2 <sup>nd</sup> Prior Policy Year:	_____	_____	_____	_____	_____
3 <sup>rd</sup> Prior Policy Year:	_____	_____	_____	_____	_____

5. For each of the following categories, indicate your projected:
- A. Receipts for the proposed policy period.
  - B. Total mileage for the proposed policy period.
  - C. Number of units (total should match the data in #4.A.).

Vehicle Category:	Buses	Vans	Pvt Pass	Service
School:	_____	_____	_____	_____
Airport:	_____	_____	_____	_____
Sightseeing:	_____	_____	_____	_____
Regular route intercity:	_____	_____	_____	_____
Charter:	_____	_____	_____	_____
Urban Transit:	_____	_____	_____	_____
Limousine:	_____	_____	_____	_____
Wheelchair-Accessible vehicles:	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____

6. **Charter and Tour Operators:** List your 6 (six) most frequent destinations:

City or Attraction	ST	% of Trips	City or Attraction	ST	% of Trips
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

7. **School Contractors:** List 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. Indicate % of trips scheduled 24 hours in advance
  
11. 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
  
12. Do you ever lease vehicles with drivers to others? Yes  No   
 Please explain:
  
13. Do you ever lease vehicles without drivers to others? Yes  No

**III PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION**

1. Attach currently valued loss runs from 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 Four Policy Periods			
	_____	_____	_____	_____	_____
Insurance carrier	_____	_____	_____	_____	_____
Policy effective date	_____	_____	_____	_____	_____
Liability limits	_____	_____	_____	_____	_____
Deductible or SIR	_____	_____	_____	_____	_____
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 coverage? Yes  No

If "Yes," Please explain:

#### IV 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
- E. Physical exam? Yes  No
- (1) Pre-employment? Yes  No
- (2) Federal DOT requirements? Yes  No
- (3) State DOT requirements? Yes  No
- F. Do you obtain driver MVR records? Yes  No
- G. Do you obtain MVR records periodically during employment? Yes  No
- (1) Pre-employment? Yes  No
- (2) Post-employment? Yes  No
- H. Drug testing prior to hiring? Yes  No
- I. 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
- D. Route familiarization? Yes  No
- E. Emergency reporting procedures? Yes  No
- F. Accident reporting procedures? Yes  No

4. **Does road supervision include:**

- A. Mechanical recording devices? Yes  No
  - B. Radio dispatch? Yes  No
  - C. Are accident investigation and review procedures, including records, maintained? Yes  No
  - D. Do the review procedures include disciplinary procedures? Yes  No
- If "Yes," explain:

5. Attach copies of latest DOT or applicable state authority inspection reports, if such inspections are made.

#### V DRIVER INFORMATION

1. Attach schedule of drivers including date of birth, date of hire, and number of years 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 ever lease vehicles with drivers:
 

a. From others?	_____	b. To others?	_____
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8. Are drivers employees or independent contractors?
9. Indicate % of personal use \_\_\_\_\_

## **VI MAINTENANCE INFORMATION**

1. Do you have a written maintenance program? Yes  No   
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
5. If you service vehicles of others, what is the annual gross revenue? \$ \_\_\_\_\_
6. Does vehicle maintenance program include:
 

A. A service record of each vehicle (attach copy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B. Controlled inspection frequency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C. Vehicle daily condition reports (attach copy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D. The above for leased vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7. How often are these various reports reviewed by management? \_\_\_\_\_

## **VII 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  N/A   
If "yes," specify the length of the stretch for each applicable vehicle on the 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 the 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:

5. Private passenger vehicles use – please state in percentages:

- A. Use of vehicles:            business only                      business & pleasure  
 B. Operated by:                employee only                      Family                      Spouse                      Other

**VIII GENERAL LIABILITY & GARAGE LIABILITY COVERAGE QUESTIONS**

(leave blank if coverage not required)

	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 Garage keepers losses (separately) for current and past three years and provide currently-valued loss runs.

**DESIRED COVERAGES**

Requested Coverages	Limit and Deductibles	
	Limits	Deductible
Commercial Auto Liability		
Hired Auto Liability		
Non-Owned Auto Liability		
Uninsured Motorists		
Supplemental Uninsured Motorists (NY)		
Optional Basic Reparatons Benefits (CT)		
Medical Payments		
Personal Injury Protection		
Property Protection Ins. (MI)		
Commercial General Liability		
Specified Perils		
Comprehensive		
Collision		
Other		

Additional options, comments:

**HISTORICAL EXPSOURES**

Term	Number of Units	Premium Per Unit/Annual Premium
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## 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	Canada Filings	F	V
AL	<input type="checkbox"/>	<input type="checkbox"/>	GA	<input type="checkbox"/>	<input type="checkbox"/>	MA	<input type="checkbox"/>	<input type="checkbox"/>	NM	<input type="checkbox"/>	<input type="checkbox"/>	SD	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
AK	<input type="checkbox"/>	<input type="checkbox"/>	ID	<input type="checkbox"/>	<input type="checkbox"/>	MI	<input type="checkbox"/>	<input type="checkbox"/>	NY	<input type="checkbox"/>	<input type="checkbox"/>	TN	<input type="checkbox"/>	<input type="checkbox"/>	Alberta	<input type="checkbox"/>	<input type="checkbox"/>
AZ	<input type="checkbox"/>	<input type="checkbox"/>	IL	<input type="checkbox"/>	<input type="checkbox"/>	MN	<input type="checkbox"/>	<input type="checkbox"/>	NC	<input type="checkbox"/>	<input type="checkbox"/>	TX	<input type="checkbox"/>	<input type="checkbox"/>	British Columbia	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	IN	<input type="checkbox"/>	<input type="checkbox"/>	MS	<input type="checkbox"/>	<input type="checkbox"/>	ND	<input type="checkbox"/>	<input type="checkbox"/>	UT	<input type="checkbox"/>	<input type="checkbox"/>	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>
CA	<input type="checkbox"/>	<input type="checkbox"/>	IA	<input type="checkbox"/>	<input type="checkbox"/>	MO	<input type="checkbox"/>	<input type="checkbox"/>	OH	<input type="checkbox"/>	<input type="checkbox"/>	VT	<input type="checkbox"/>	<input type="checkbox"/>	New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>
CO	<input type="checkbox"/>	<input type="checkbox"/>	KS	<input type="checkbox"/>	<input type="checkbox"/>	MT	<input type="checkbox"/>	<input type="checkbox"/>	OK	<input type="checkbox"/>	<input type="checkbox"/>	VA	<input type="checkbox"/>	<input type="checkbox"/>	Newfoundland	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>	KY	<input type="checkbox"/>	<input type="checkbox"/>	NE	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	WA	<input type="checkbox"/>	<input type="checkbox"/>	Northwest Territory	<input type="checkbox"/>	<input type="checkbox"/>
DE	<input type="checkbox"/>	<input type="checkbox"/>	LA	<input type="checkbox"/>	<input type="checkbox"/>	NV	<input type="checkbox"/>	<input type="checkbox"/>	PA	<input type="checkbox"/>	<input type="checkbox"/>	WV	<input type="checkbox"/>	<input type="checkbox"/>	Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>
DC	<input type="checkbox"/>	<input type="checkbox"/>	ME	<input type="checkbox"/>	<input type="checkbox"/>	NJ	<input type="checkbox"/>	<input type="checkbox"/>	RI	<input type="checkbox"/>	<input type="checkbox"/>	WI	<input type="checkbox"/>	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	<input type="checkbox"/>
FL	<input type="checkbox"/>	<input type="checkbox"/>	MD	<input type="checkbox"/>	<input type="checkbox"/>	NH	<input type="checkbox"/>	<input type="checkbox"/>	SC	<input type="checkbox"/>	<input type="checkbox"/>	WY	<input type="checkbox"/>	<input type="checkbox"/>	Prince Edward Island	<input type="checkbox"/>	<input type="checkbox"/>

- Please specify your home state for Single State Registration:

## COVERAGE NOT AVAILABLE FOR MEXICAN OPERATIONS.

## PRODUCER INFORMATION

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***The Completion of this application creates no express or implied obligation on the part of W.F. Clayton & Associates, LLC to offer or provide insurance as requested in this application and survey.***

**General Fraud Statement**  
**(Not applicable in Colorado, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)**

***Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.***

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Producer's Signature

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Senior Officer of Applicant

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Title

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Title

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Date

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Date

**Send completed submission to:**  
**WF Clayton & Associates, LLC**  
**Attention: WFC Marketing – Veronica Barkman**  
**Ph: (201) 252-3035**  
**F: (201) 252-3031**  
**[wfcmarketing@wfclayton.com](mailto:wfcmarketing@wfclayton.com)**