



## **Quote Request Cover Sheet and Checklist** **for School Bus Accounts**

Name of Agency: \_\_\_\_\_

Producer: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

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

***In order to ascertain an accurate and competitive quotation, we request that all of the items listed below as well as the Quotation Application be submitted and fully completed.***

\_\_\_\_\_ ***Fleet Schedule;*** This schedule must include the year, make, seating capacity, VIN, current stated value and use for each vehicle, in Excel format.

\_\_\_\_\_ ***Drivers Schedule;*** This schedule must include the name, license number, type of license, date of birth and date of hire for each driver.

\_\_\_\_\_ ***Abstract;*** Current MVRs for all drivers on schedule. MVRs should not be older than 60 days prior to the effective date.

\_\_\_\_\_ ***Loss Runs;*** Complete for the past five years, valued within the last 60 days.

\_\_\_\_\_ ***Loss Summary;*** Details of the Insured's losses.

\_\_\_\_\_ ***Financials;*** Current year, Profit & Loss Statement, Balance Sheet.

\_\_\_\_\_ ***Synopsis;*** Details of the Insured's Operations.

# School Bus Contractor Application

Name of Insured: \_\_\_\_\_

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

List all Insured's Location Addresses: \_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Contact and Phone # for Inspection: \_\_\_\_\_

Email address: \_\_\_\_\_ Insured's Website: \_\_\_\_\_

Insured's Federal ID # (FEIN): \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_ Other

ICC/USDOT Motor Carrier Docket # \_\_\_\_\_ State PUC Docket # \_\_\_\_\_

Is an Intrastate Filing Needed? (yes/no) \_\_\_\_\_ If yes, indicate exact Name and Address: \_\_\_\_\_

List all State, Federal Filings needed: \_\_\_\_\_

Are there operations of the Named Insured that are not related to School Bus Service? (yes/no) \_\_\_\_\_

Does The Insured Operate as a subsidiary of another Company? \_\_\_\_\_

List all other Named Insured's or Affiliated Companies, if any: \_\_\_\_\_

Years the Insured has been in Business: \_\_\_\_\_

Has the Business ever operated under a different Name? \_\_\_\_\_

Does The Insured Operate any other Business? \_\_\_\_\_

Does the Insured have Workers Comp coverage in place? \_\_\_\_\_

If yes, please provide Workers Comp Carrier, limits and policy expiration date: \_\_\_\_\_

## Breakdown of vehicles by size

1 to 8 passenger	_____	_____	# Wheelchair Equipped
9 to 20 passenger	_____	_____	# Wheelchair Equipped
21 to 60 passenger	_____	_____	# Wheelchair Equipped
61 + passenger	_____	_____	# Wheelchair Equipped
Private Passenger	_____	_____	# Wheelchair Equipped
Service Vehicles	_____	_____	# Wheelchair Equipped

Description of Operations: \_\_\_\_\_

Radius of Operations: \_\_\_\_\_

List Major Contracts and percentage of revenue derived and School Districts Served:

- 1) \_\_\_\_\_ 4) \_\_\_\_\_
- 2) \_\_\_\_\_ 5) \_\_\_\_\_
- 3) \_\_\_\_\_ 6) \_\_\_\_\_

(Please list any additional School Districts separately)

Is at least 90% of Insured's revenue derived from the transportation of children to and from school? (yes/no) \_\_\_\_\_

What percentage of your revenue comes from:

Charter Bus Services: \_\_\_\_\_

Sightseeing/Tour services: \_\_\_\_\_

Taxi Services: \_\_\_\_\_

Shuttle Services: \_\_\_\_\_

Limousine Services: \_\_\_\_\_

Medical Transportation: \_\_\_\_\_

Sporting Events: \_\_\_\_\_

Concerts: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Has Insured won or lost any contracts within the last three (3) years (yes/no) \_\_\_\_\_

List all After School Activities

Field Trips: \_\_\_\_\_

Athletic Events: \_\_\_\_\_

Summer Camps: \_\_\_\_\_

### Safety Program

Does Insured have a formal written safety program? (yes/no) \_\_\_\_\_

Are regular Safety Meetings Held? (yes/no) if yes how often is there any driver post hiring driver training? (yes/no) \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does Insured perform background, fingerprint, criminal and sex offender checks on all employees? (yes/no) \_\_\_\_\_

Does Insured conduct reference checks on all new employees? Does Insured have a written procedure addressing sexual abuse/molestation? \_\_\_\_\_

Does Insured have a training program for all employees on awareness of sexual abuse/molestation? \_\_\_\_\_

Has the Insured or any employee currently seeking coverage been involved in an allegation or claim related to sexual abuse, molestation or misconduct? (yes/no) \_\_\_\_\_

(If yes, please provide details separately, including date, disposition and circumstances.)

Does Insured have an Accident Review Committee and disciplinary procedure for drivers with moving violations? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does Insured provide a Drug/Alcohol free workplace? (yes/no) \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Is the Property/Garage Facility fenced, gated and/or locked? (yes/no) \_\_\_\_\_

Does the Insured utilize Fleetmatics, GPS and/or Cameras? (yes/no) \_\_\_\_\_

If yes, provide details (Name of vendor/How long have they been using, etc) \_\_\_\_\_

Percentage of vehicles with: Fleetmatics \_\_\_\_\_ GPS \_\_\_\_\_ Cameras \_\_\_\_\_

Does the Insurance Carrier have permission to access the GPS/Camera Data in the event of a claim? (yes/no) \_\_\_\_\_

## Automobile

Are all scheduled vehicles owned by the Named Insured? (yes/no) \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Is there any personal use of the vehicles? (yes/no) \_\_\_\_\_

If yes, please describe Insured's Policy: \_\_\_\_\_

Are Family Members allowed to use Company vehicles? (yes/no) \_\_\_\_\_

If yes, please describe Insured's Policy: \_\_\_\_\_

Do Employees take Company vehicles home in the Evening? (yes/no) \_\_\_\_\_

If yes, please describe Insured's Policy: \_\_\_\_\_

Are Vehicles/Equipment on a scheduled maintenance Program (yes/no) \_\_\_\_\_

Is a log maintained listing defects and repairs? (yes/no) \_\_\_\_\_

At what location are the majority of your vehicles parked when not in use? \_\_\_\_\_

Does Insured rent/lease/loan Buses without drivers to others? (yes/no) \_\_\_\_\_

If so, do the Parties named carry Automobile Liability Insurance (yes/no) \_\_\_\_\_

Is there a Hold Harmless/Indemnification Clause? (yes/no) \_\_\_\_\_

Is the Insured Named as an Additional Insured? (yes/no) \_\_\_\_\_

## General Liability

What are the Insured's hours of operation? \_\_\_\_\_

What is the average/maximum number of daily visitors at Insured's premises? \_\_\_\_\_

Does the Insured have a vehicle maintenance repair facility on the premises? (yes/no) \_\_\_\_\_

Is work performed on any vehicles not owned or operated by you? (yes/no) \_\_\_\_\_

If yes, what is the estimated revenue from this work? \_\_\_\_\_

Are caution signs posted while working? (yes/no) \_\_\_\_\_

Are tools and equipment properly stored after use? (yes/no) \_\_\_\_\_

Is the Parking lot maintained? (yes/no) \_\_\_\_\_

Cracks repaired? (yes/no) \_\_\_\_\_

Potholes repaired? (yes/no) \_\_\_\_\_

Is there Snow and Ice removal? (yes/no) \_\_\_\_\_

## Hiring Procedures

During the last 12 months, how many Drivers have you: Replaced? \_\_\_\_\_ Added? \_\_\_\_\_

Does Insured hire drivers under the age of 25? (yes/no) \_\_\_\_\_

Are 15% or less of Insured drivers over the age of 65? (yes/no) \_\_\_\_\_

Are all drivers properly licensed & registered in accordance with State & Federal Guidelines? (yes/no) \_\_\_\_\_

Do all of the Insured's drivers who operate School Buses/Vans/Coaches have CDL Licenses (yes/no) \_\_\_\_\_

and the Proper School Bus Passenger Endorsements? (yes/no) \_\_\_\_\_

Is a written application for employment completed (yes/no) \_\_\_\_\_

Are MVR's ordered and reviewed: \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Yearly \_\_\_\_\_ When Hired

Are previous Employers contacted and references checked? (yes/no) \_\_\_\_\_

Is there a Company Sponsored road test that is given to all drivers? (yes/no) \_\_\_\_\_

Is there an Employee drug test? (yes/no) \_\_\_\_\_

Is there a written driving exam? (yes/no) \_\_\_\_\_

Is there a physical examination? (yes/no) \_\_\_\_\_

What is the minimum number of years of experience required for bus driving? \_\_\_\_\_

Are Driver records maintained for all Drivers for a minimum of Three (3) years? (yes/no) \_\_\_\_\_

What is the average length of Employment for Drivers? \_\_\_\_\_

Describe Driver Training and Incentive Program: \_\_\_\_\_

**Transportation**

Do you transport individuals with Special Needs? (yes/no) \_\_\_\_\_  
 What is the actual percentage of Special Needs Transportation? \_\_\_\_\_  
 Are Monitors provided when transporting Special Needs Students? (yes/no) \_\_\_\_\_  
 Are Drivers/Staff trained in the handling of Special Needs Students? (yes/no) \_\_\_\_\_  
 If Wheelchair equipped do all Lifts/Ramps comply with ADA accessibility requirements? (yes/no) \_\_\_\_\_  
 Do you have any trips into Ontario, Canada (yes/no) \_\_\_\_\_ If yes, enter percentage of total miles in Ontario: \_\_\_\_\_

**PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION**

**\*\*THIS SECTION MUST BE COMPLETED ENTIRELY\*\***

Attach currently valued loss runs from previous Insurance Carriers for each of the past Five (5) Policy Periods.  
 PLEASE PROVIDE DETAILS ON ANY LOSS OCCURRENCE THAT EXCEEDS \$50,000 OR INVOLVE A FATALITY OR SERIOUS INJURY SEPARATELY.

	Current Policy Period		Prior Four (4) Policy Periods		
	Year _____	Year _____	Year _____	Year _____	Year _____
Insurance Carrier					
Policy Eff Date					
Limit of Liability					
Deductible or SIR					
Annual Premium					
Total Losses					
# of Vehicles					

Has your Insurance ever been obtained through an Assigned Risk Plan? (yes/no) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has any Insurance Company, during the past 4 years cancelled or refused to renew your Automobile Insurance Coverage? (yes/no) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Applicants Statement**

I hereby understand that the completion of this application does not create express or implied obligation on the part of All Trans Risk Solutions, LLC. or any of their affiliates to offer a quotation or provide insurance as requested within this application. I hereby authorize anyone to obtain from the proper authority, a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof understand that in obtaining such a report, consumer reporting agencies may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the terms of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain the information above is true. I also agree that if a policy is issued pursuant to this application and signed by me, shall become a part of the policy. This application shall not be binding unless and until a policy shall be issued and a down payment made and then only as of the commencement date of said policy of all the facts as circumstances with regard to the risk to be insured, in so far as same are known to the applicant and the same hereby made the basis and a condition of the insurance and a warrant on the part of the insured.

Signature of applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at (City, State): \_\_\_\_\_