



## Charter Bus Supplemental Application

The following supplemental attachments are required to properly underwrite the submission and must be included with the application:

\_\_\_\_\_**Synopsis:** Provide a brief description of all operations to be insured.

\_\_\_\_\_**Equipment Schedule:** Current list of all vehicles in Excel format, including Insured Unit Number, Make, Model Year, Passenger/Seating Capacity, Vehicle Identification Number (VIN), Stated Value, Lienholder/Lessor, Garaging Location, State of Registration, and Vehicle Type Classification/Use. If the vehicle is owned by an independent contractor, please include a copy of the independent contractor agreement. If the vehicle is a stretched limousine, provide the length of stretch. Satisfactory inspection reports are required for charter units that are 20 years old or older and limousines that are seven years old or older. **NOTE: Copies of all registrations must be provided for vehicles registered in the states of AR, AZ, CT, FL, GA, KS, KY, LA, MA, MD, NC, NJ, NM, NV, NY, OR, PA, UT, and VA.**

\_\_\_\_\_**Driver List:** List all drivers in Excel format including name (as shown on license), driver's license number, license state, date of birth, date of hire, and years of experience driving similar type of equipment.

\_\_\_\_\_**Loss Runs:** Insurance Carrier-Issued loss runs with claim detail for the current policy year and four prior years. Loss runs must be valued within 90 days of the proposed effective date. Loss runs must be "ground up," inclusive of loss costs within any liability deductible layer. *Provide a detailed explanation including Date of Loss, Driver, and Location of any loss occurrences that exceed \$25,000 in incurred value.*

\_\_\_\_\_**Financial Statements:** (Required on all accounts with 30 or more revenue producing vehicles) Balance sheets and income statements for the most recent year-end period and the most recent interim or quarterly statement if the year-end statement is more than six months old (2 years required if requesting a liability deductible of \$50,000 or higher). If the business is not incorporated, the most recent federal tax return should be provided instead. Parent company financials, if applicable, should also be provided. If a liability deductible is requested, financials must be CPA compiled, reviewed, or audited (independent CPA opinion statement to support the validity and accuracy of financial statements may be required).

\_\_\_\_\_**Mileage:** If the applicant operates interstate, provide fuel tax reports for the most recent four quarters. If the applicant only operates intra-state but has a mechanism for tracking mileage, please submit mileage reports from the applicant's tracking system to cover the most recent four quarters.

\_\_\_\_\_**Additional Documentation:** Please attach copies of the following written forms and procedures used by the Applicant: Maintenance Program, Safety Program, Vehicle Service Record, & Daily Vehicle Condition Report.

Proposed Policy Inception:	<a href="#">Click here to enter a date.</a>	Proposed Policy Expiration:	<a href="#">Click here to enter a date.</a>		
Agency:				Requested Quote Date:	<a href="#">Click here to enter a date.</a>
Street Address:					
City:				State:	Zip Code:
Agency Contact:		Phone:		e-mail:	
Producer:				Are you the Incumbent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**GENERAL INFORMATION**

**A** Applicant Name:

Applicant DBA:

Year Business Established: \_\_\_\_\_ Type of Operation: \_\_\_\_\_

Legal Entity Type:     Corporation     Partnership     Sole Proprietor    Federal Employer ID #: \_\_\_\_\_

**B Mailing Address**

Street Address/P.O. Box:

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

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**C Primary Garaging Location** (If more than one, provide separate schedule of Garaging Locations)

Street Address:

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

**D Key Management Personnel**

Name:	Title:	Phone:
Name:	Title:	Phone:

**E Name any transportation operations, companies, or entities not covered under this application in which the applicant or any of its officers, directors, partners, or stockholders has a direct or indirect ownership interest:**

1. Name:	Relationship:
Type of Business:	Insurer:
2. Name:	Relationship:
Type of Business:	Insurer:

**F Please list and describe any current and planned technology deployment in your vehicles: (e.g., Accident Event Recorders, Cameras, GPS, Electronic Logs, Lane-Departure Avoidance Systems, etc.):**

**COVERAGES**

**A. Auto Liability**

Limits will be offered in accordance with all applicable state laws.

Coverages	Limits	Deductible
Commercial Auto Liability	.	
Uninsured Motorists		
Underinsured Motorists		
Medical Payments		
Personal Injury Protection		

**B. Physical Damage**

Coverages	Total Stated Values	Deductibles
Specified Perils <input type="checkbox"/>	Enter Stated Values Total Amount	
Comprehensive <input type="checkbox"/>	Enter Stated Values Total Amount	
Collision <input type="checkbox"/>	Enter Stated Values Total Amount	

**C. Excess Physical Damage**

\$1,000,000 per occurrence limit will apply to physical damage coverage

Yes  No Does the total Actual Cash Values (ACV) of all vehicles stored at any single location exceed \$1,000,000?

Yes  No Are you interested in excess physical damage coverage?

*\*Excess physical damage quote will match comprehensive or specified perils, as selected in the table above.*

If yes, how much coverage in excess of \$1,000,000 do you require?  
*\*If excess coverage is requested, please answer the next 7 questions below.*

Yes  No Is the lot lighted?

Yes  No Is there a nighttime security guard?

Yes  No Is there video security surveillance?

Yes  No Are any fuel tanks located on the premises?

Yes  No Are any vehicles garaged outside? Maximum Potential Value:

Yes  No Are any vehicles garaged inside? Maximum Potential Value:

Yes  No Are you located in a flood zone?

**General Liability**

<b>Limits</b>	<b>Deductible</b> <i>(Must match Auto Liability Deductible Above)</i>
Occurrence: _____ Aggregate: _____	

Location	Class	Square Footage	Owned/Leased	Description	Security (guard, camera, etc.)

Yes  No Are any of the insured locations the primary residence of any insured?  
 Insured Premises Hours of Operation:  
 # of Visitors Daily at insured premises:      Average:      Maximum:

Yes  No Do operations involve any handling or transporting of hazardous material (landfills, fuel tanks, waste)?  
 If Yes, please describe:

Yes  No Any Garage and/or Products/Completed Operations Exposure?  
 # of mechanics employed:      # of Work Bays:  
 Type of work performed?      Revenue:

Yes  No Is work performed on any vehicles not owned or operated by you?  
 Estimated Annual Revenue from this work:

Yes  No Are Caution Signs posted while work is performed?  
 Yes  No Are tools & equipment properly stored after use?  
 Yes  No Is the Parking area properly maintained (i.e., cracks & potholes repaired, snow & ice removed)?  
 Yes  No Any Parking Facility Owned or Rented?  
 Yes  No If Yes, is a fee charged for Parking?  
 Please describe any other General Liability Exposures:

**Garagekeeper's Legal Liability**

<b>Limit Requested:</b>	
Specified Perils <input type="checkbox"/> Per Vehicle Deductible: _____	Per Occurrence Deductible: _____
Comprehensive <input type="checkbox"/> Per Vehicle Deductible: _____	Per Occurrence Deductible: _____
Collision <input type="checkbox"/> Per Vehicle Deductible: _____	

## OPERATIONS

### Equipment, Mileage, & Revenue Information

- A. For each vehicle class, please indicate the number of vehicles operated for each policy term. Please attach a current list of all vehicles in Excel format, including Insured Unit Number, Make, Model Year, Passenger/Seating Capacity, Vehicle Identification Number (VIN), Stated Value, Lienholder/Lessor, Garaging Location, State of Registration, and Vehicle Type Classification/Use.

Vehicle Class	Passenger Capacity	Radius	Projected	Current	1st Prior Yr.	2nd Prior Yr.	3rd Prior Yr.	4th Prior Yr.
Charter Bus								
Charter Van								
Transit Bus								
Transit Van								
School Bus								
School Van								
Car Service								
Limousine								
Stretch Limousine								
Private Passenger Service								
Other								
<b>TOTAL VEHICLES</b>								
<b>Gross Receipts*</b>								
<b>Subcontracted Revenue**</b>								
<b>Mileage</b>								

\***Gross Receipts** means the total amount earned by you for transporting persons or shipping property. It also includes the total amount received (including any fuel and other surcharges, as well as all reimbursable expenses) from the rental of equipment, with or without drivers, to any person or organization whether or not said person or organization is engaged in the business of transporting persons or property for hire by "auto." Gross Receipts does not include the following:

- (1) The amount paid to railroads, steamship lines, airlines or other motor carriers operating under their own state or federal permits;
- (2) Advertising revenue;
- (3) Taxes collected as a separate item and paid directly to the government;
- (4) C.O.D. collections for cost of merchandise including collection fees; or
- (5) Warehouse storage charges.

\*\***Subcontracted Revenue** means revenue generated from trips commissioned to another transportation company for completion. Subcontracted revenue must be included on this application. Premium will be calculated based on a lower contingent rate.

### B. Services

Complete as a percentage of total mileage. Must equal 100%

Airport Service	%	Corporate Sedan	%
Limousine	%	School	%
Athlete/Entertainer	%	Sightseeing	%
Special Needs	%	Casino Trips	%
Charter	%	Social Service	%
Church	%	Non-Emergency Medical	%
Camp	%	Urban Transit	%
Day Care	%	Other	%

**C. Destinations**

List your most frequent destinations and percentage of travel to each.

City/Attraction	State	% of Trips	City/Attraction	State	% of Trips
		%			%
		%			%
		%			%
		%			%

**D. School Contracts**

List School Districts/Areas of Operation

**E. Risk Specifics**

Radius of Operations:	Local (0-50 Miles):	%	Intermediate (51-200: Miles):	%	Long (200+ Miles):	%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you make any trips into Ontario, Canada?					
	If yes, enter percentage of total miles in Ontario:					%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you make any overnight trips?					
	If yes, enter percentage of trips that are overnight:					%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation contracts with any government entities, agencies, or municipalities? (e.g., FEMA, city transit authorities. etc)?					
	If yes, please list:					
	Enter percentage of disabled/handicapped ridership:				%	
	Please indicate percentage of total trips on		On Call:	% Scheduled:		%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you utilize owner-operators in your business?					
	If yes, please enter the number of owner-operators: <i>Attach a copy of the owner-operator agreement.</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will all owner-operator equipment be included on this policy?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any officers, directors, or employees permitted to operate company vehicles for personal use?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any officers, directors, or employees permitted to use personal vehicles for company business?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes above, are owner-operators required to provide proof of insurance for personal use of their vehicle?					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ever rent, hire, borrow/lend, or lease vehicles with or without drivers either FROM or TO others?					
	If yes to any of the above, please explain:					

**F. Driver Information**

Please attach a current list of all drivers in Excel format including name (as shown on license), driver's license number, license state, date of birth, date of hire, and years of experience driving similar type of equipment.

- Current total number of drivers: \_\_\_\_\_
- Estimated Driver Turnover % Last Year: \_\_\_\_\_ % Number of Drivers \_\_\_\_\_
- Yes  No Are any drivers Union? If yes, enter percentage of Union drivers: \_\_\_\_\_ %
- Yes  No Are any family members primary drivers of any vehicle owned by the applicant?
- Yes  No Have all drivers been driving equipment with similar passenger capacity, weight, and routes for at least two years?
- Yes  No Are all drivers properly licensed and DOT compliant?
- Yes  No Do you allow coaches or teachers to drive vehicles owned by the applicant?
- Yes  No Do you agree to report all drivers to ProSight Specialty immediately upon hiring?

**G. Safety & Loss Control**

- Please provide the name, title and years of experience of the person(s) responsible for safety:
- | Name:                                                                                                                                                                                    | Title | Yrs. Experience: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does driver and equipment supervision, management, and coaching include the use of advanced technology?<br>If yes, please list: |       |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are accident and moving violation investigation and review procedures, including records, maintained?                           |       |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do the review procedures define disciplinary processes and consequences?<br>If yes, please explain:                             |       |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold regular safety meetings? How often?<br>Describe any safety initiatives or incentive programs:                       |       |                  |

**INSURANCE HISTORY**

A.	Current Policy	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
<b>Insurance Company:</b>					
<b>Liability Limit:</b>					
<b>Liability Deductible:</b>					
<b>Auto Liability Annual Premium:</b>					
<b>Physical Damage Annual Premium:</b>					
<b>Total Losses: Auto Liability</b>					
<b>Total Losses: Physical Damage</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No During the past four years, has your insurance ever been obtained through an assigned risk plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any company provided notice of cancellation/non-renewal or canceled/refused to renew your insurance, including during the current term? If yes, please attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you provide workers' compensation to all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever filed for bankruptcy or had bankruptcy proceedings initiated against you by another party? If yes, please attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No Has your operating authority ever been suspended or revoked, or have you received notice of intent to suspend? If yes, please attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No Is all equipment operated under the applicant's authority scheduled on the applicant's vehicle schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. <input type="checkbox"/> Yes <input type="checkbox"/> No Are any of your vehicles wheelchair equipped? If yes, what is the percentage? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you operate trips into Mexico with your vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No 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?					

**PLEASE ATTACH A CURRENT VERSION OF THE ACORD 63 FRAUD STATEMENTS & SIGNATURE PAGE**



## REQUEST FOR FILINGS

Please complete this filing request form and return it with your order to bind coverage.

<b>Today's Date:</b> <a href="#">Click here to enter a date.</a>	<b>Name of Agency:</b>		
<b>Underwriter:</b>	<b>Agency Contact:</b>		
<b>*Named Insured:</b>			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

IMPORTANT: \*The name and address of the Named Insured must match exactly the name and address listed on the FMCSA authority web site, including abbreviations and punctuation. And the name MUST be identical to the Named Insured on our policy; we cannot issue filings in a name different than our Named Insured. If there is more than one Named Insured on the policy, be sure to identify the correct name to use for each filing.

<b>Policy Number:</b>		<b>Motor Carrier Number:</b>	
<b>Effective Date:</b>	<a href="#">Click here to enter a</a>	<b>FMCSA Liability Limit:</b>	

### READ THESE INSTRUCTIONS CAREFULLY:

Federal Motor Carriers that are registered under the Uniform Carrier Registration Program do not need to make Form E filings in participating states. Only non-participating states (in bold type with an asterisk\* below) require a Form E filing. If the insured does not have Motor Carrier authority, the state will require a Form E if the insured has Exempt or Intra-state authority per the requirements below.

Intrastate Carrier Requirements: Carriers that do not hold FMCSA or Exempt authority must file a Form E if they have intrastate only operations in these states: AL, AR, CO, CT, ID, IN, IA, KY, LA, ME, MN, MT, NE, NV, NM, NY, NC, OH, OK, PA, SC, SD, TN, TX, VA, WA, WV, WI.

Exempt Carrier Requirements: Non UCR carriers with exempt authority in these states must file a Form E: AL, CA, CO, CT, GA, IL, IA, KS, KY, LA, ME, MI, MN, MO, NE, NC, OH, OK, OR, SC, SD, TN, TX, WA, WI. UCR registered carriers that also hold exempt authority in MO and WI must also file a Form E with these states.

<input type="checkbox"/> AK	<input type="checkbox"/> ID	<input type="checkbox"/> MT	<input type="checkbox"/> RI
<input type="checkbox"/> AL	<input type="checkbox"/> IL MC#	<input type="checkbox"/> NC	<input type="checkbox"/> SC
<input type="checkbox"/> *AZ not participating	<input type="checkbox"/> IN	<input type="checkbox"/> ND	<input type="checkbox"/> SD
<input type="checkbox"/> AR	<input type="checkbox"/> KS KCC#	<input type="checkbox"/> NE	<input type="checkbox"/> TN
<input type="checkbox"/> CA PUC	<input type="checkbox"/> KY	<input type="checkbox"/> NH	<input type="checkbox"/> TX DOT #
<input type="checkbox"/> CA DMV 65.	<input type="checkbox"/> LA	<input type="checkbox"/> *NJ not participating	<input type="checkbox"/> UT
<input type="checkbox"/> CO	<input type="checkbox"/> MA	<input type="checkbox"/> NM	<input type="checkbox"/> VA
<input type="checkbox"/> CT	<input type="checkbox"/> *MD not participating	<input type="checkbox"/> *NV not participating	<input type="checkbox"/> *VT not participating
<input type="checkbox"/> DC	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input type="checkbox"/> WA
<input type="checkbox"/> DE	<input type="checkbox"/> MI	<input type="checkbox"/> OH	<input type="checkbox"/> WI
<input type="checkbox"/> *FL not participating	<input type="checkbox"/> MN	<input type="checkbox"/> OK OCC#	<input type="checkbox"/> WV
<input type="checkbox"/> GA MCA#	<input type="checkbox"/> *MO not participating	<input type="checkbox"/> OR	<input type="checkbox"/> *WY not participating
<input type="checkbox"/> IA	<input type="checkbox"/> MS	<input type="checkbox"/> PA	

#### Canadian Provincial Filings:

<input type="checkbox"/> AB	<input type="checkbox"/> NL	<input type="checkbox"/> PE
<input type="checkbox"/> BC	<input type="checkbox"/> NS	<input type="checkbox"/> QC
<input type="checkbox"/> MB	<input type="checkbox"/> NT	<input type="checkbox"/> SK
<input type="checkbox"/> NB	<input type="checkbox"/> ON	<input type="checkbox"/> YT

#### Additional Instructions: