



Quote Request Cover Sheet and Checklist
for Fleet Accounts

Name of Agency: _____ Contact Name: _____
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, 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;*** For all drivers on schedule.

_____ ***Loss Runs;*** Complete for the past five years

_____ ***Loss Summary***

_____ ***Financial Statement***

_____ ***Synopsis;*** Description of Operations



School Bus Contractor Application

Name of Insured _____

Business Address _____

List all Insured Location Addresses _____

Effective Date _____

Contact and Phone # for Inspection _____

email address _____ Insured's Website _____

Insured's Federal ID # (FEIN) _____

Years In Business _____

Type of Entity Individual Partnership Corp 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? _____

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 Vehicles	_____	_____	# 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) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____

Please list any additional School Districts separately

Is 90% of Insured's revenue derived from the operation of School Buses? (yes/no) _____

What percentage of your revenues come from:

- Charter Bus Services? _____
- Sightseeing/Tour services? _____
- Taxi Services? _____
- Shuttle Services? _____
- Limousine Services? _____
- Medical Transportation? _____
- Sporting Events? _____
- Concerts? _____

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 _____

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) _____

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? _____

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
Policy & Procedures? _____

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? (yes/no) _____

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) _____

Automobile

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? _____

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

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)- _____

Are caution signs posted while working? _____

Are tools and equipment properly stored after use? _____

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

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

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) _____

Is there a minimum number of years 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) _____
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) _____

PRIOR LOSS EXPERIENCE AND COVERAGE INFORMATION

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 SEPERATELY

Current Policy Period		Prior Three (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) _____

Fraud and 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 Services, Inc. or any of their affiliates to offer a quotation or provide insurances 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. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Signature of applicant: _____
Title: _____ Date: _____
Signed at (City, State): _____

FRAUD WARNINGS

ALL STATES OTHER THAN THOSE LISTED BELOW

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement containing of claim any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA

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

DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA

"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."

KANSAS

"Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act."

KENTUCKY

"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."

MARYLAND

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

MAINE, TENNESSEE, VIRGINIA AND 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 include imprisonment, fines or a denial of insurance benefits."

NEW JERSEY

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NEW YORK

"Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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 claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA

"Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000."